

## SECURITY WORKSHEET FOR NON-EMPLOYEES

- 1) Full Name of Contract Employee: \_\_\_\_\_
- 2) Other Names and Dates Used: \_\_\_\_\_  
\_\_\_\_\_
- 3) Position: Hawaii-based Pelagic Longline Observer
- 4) Project Title: Hawaii-based Pelagic Longline Observer Program
- 5) Place of Birth: \_\_\_\_\_  
(Include the City, County State, and Country, if other than the U.S.)
- 6) Date of Birth: \_\_\_\_\_
- 7) Social Security Number: \_\_\_\_\_
- 8) Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_
- 9) Has Contract employee worked for DOC, NOAA, or NMFS in the past? Y \_\_\_ N \_\_\_
- 10) Period of visit: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

### ARREST RECORD:

- 11) During the last 10 years have you ever forfeited collateral, been convicted, been imprisoned, been on probation or parole? (Omit any traffic violations under \$100.00)
- 12) Are you now under charges for any violation: Y \_\_\_ N \_\_\_
- 13) Have you ever been convicted by a military court-martial or received Non Judicial punishment under the Uniform Code of Military Justice? Y \_\_\_ N \_\_\_
- 14) In the last five years have you ever possessed, used or manufactured illegal drugs? Y \_\_\_ N \_\_\_

### HEALTH CARE:

- 15) Have you ever seen a health care professional for treatment of an alcohol, drug, mental or emotional disorder? Y \_\_\_\_\_ N \_\_\_\_\_ Date: \_\_\_\_\_

**If you answered yes to any of items 11 - 15, please explain your answer on a separate sheet of paper.**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Security Worksheet for Non-Employees, is true, correct, complete, and made in good faith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

