

# Federal Personnel Questionnaire

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**Remember to always exercise your right to remain silent and seek legal advice as soon as possible.**

The **Privacy Act of 1974, Public Law 93-579**, states in part: "The purpose of this Act is to provide certain safeguards for an individual against invasion of personal privacy by requiring Federal agencies . . . to permit an individual to determine what records pertaining to him are collected, maintained, used, or disseminated by such agencies." Under this Act, you have the right to get answers to the questions below from a federal official seeking information from you.

Also **Title 18, U.S.C., Section 241** states, "This statute makes it unlawful for two or more persons to conspire to injure, oppress, threaten, or intimidate any person of any state, territory or district in the free exercise or enjoyment of any right or privilege secured to him/her by the Constitution or the laws of the United States, (or because of his/her having exercised the same)."

Also **Title 18, U.S.C., Section 242** states, "This statute makes it a crime for any person acting under color of law, statute, ordinance, regulation, or custom to willfully deprive or cause to be deprived from any person those rights, privileges, or immunities secured or protected by the Constitution and laws of the U.S."

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Questions for Federal Personnel. Please fill out the form completely. If any question does not apply, mark the space provided for the answer with N/A or Not Applicable. Do not leave a question blank. If you have not already done so, please present your proof of identity.

1. Full Name: \_\_\_\_\_

2. Do you have proof of identity?  Yes  No If yes what is the nature of the proof?  
\_\_\_\_\_

3. Name of department, bureau, or agency for whom your work: \_\_\_\_\_  
\_\_\_\_\_

4. Your telephone number at work: \_\_\_\_\_

5. Your mailing address of the office where you work: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Supervisor's name and telephone number: \_\_\_\_\_

7. Which law, regulation, or executive order authorizes the solicitation of the information you seek?  
(Please provide the specific section of the law or regulation upon which you rely.)  
\_\_\_\_\_

8. Is the disclosure of such information voluntary or mandatory? \_\_\_\_\_

9. How is this information relevant and necessary to accomplish the purposes of the agency, as required by statute or regulation?  
\_\_\_\_\_

10. What is the principal purpose or purposes for which the information is intended to be used?  
\_\_\_\_\_

11. What other uses may be made of this information? \_\_\_\_\_  
 \_\_\_\_\_
12. Which other agencies may have access to this information? \_\_\_\_\_  
 \_\_\_\_\_
13. What are the effects on me, if any, of not providing all or any part of the requested information?  
 \_\_\_\_\_
14. May I call my attorney before speaking with you? \_\_\_ Yes \_\_\_ No
15. Name of person in government requesting that this investigation be made. \_\_\_\_\_  
 \_\_\_\_\_
16. Have you consulted, questioned, interviewed, or received information from any third party relative to this investigation? \_\_\_ Yes \_\_\_ No If yes, identity of such third parties: \_\_\_\_\_  
 \_\_\_\_\_
17. Am I the possible subject of a civil or criminal action? \_\_\_ Yes \_\_\_ No
18. Is there a file of records, information, or correspondence relating to me being maintained by this agency? \_\_\_ Yes \_\_\_ No If yes, please provide a copy or information on where I may obtain a copy.  
 \_\_\_\_\_
19. Is this agency using any information pertaining to me which was supplied by another agency or government source? \_\_\_ Yes \_\_\_ No If yes, how may I obtain a copy of that information? \_\_\_\_\_  
 \_\_\_\_\_

If any request for information relating to me is received from any person or agency, you must advise me in writing before releasing such information. Failure to do so may subject you to possible civil or criminal action as provided by the Privacy Act of 1974.

Printed Name	Signature
Date	
First Witness Printed Name	First Witness Signature
Second Witness Printed Name	Second Witness Signature