e-QIP Applicant Information

Section 1: Applicant Information (To be completed by employee)

First Name:
Middle Name (If none, write NMN):
Last Name:
Address:
Phone #
Email Address:
Social Security Number:
Birth date (mm/dd/yyyy):
Place of Birth (City):
Place of Birth (State):
Place of Birth (Foreign Country):
Prior Investigation/Clearance by another Federal Agency:

Section 2: Position Information (To be completed by employer/HR Specialist)

Assigned Office:
Position Type (Temp, Term, Cadre, Perm):
Position Title:
Nature of Action code:
Effective Date:
Duty Station Code:
Human Resources Specialist Completing Form: