

e-QIP Invitation

SECURITY RIDER: The content of this document and any attachments are confidential and intended solely for the addressee. This document should be treated and protected as Personally Identifiable Information (PII). All USDA employees and contractors are responsible for protecting the privacy of all USDA employees and customers.

All Requested data must be typed and returned electronically.

Last Name: _____

First Name: _____

Middle Name: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CITY & STATE OF BIRTH: _____

COUNTRY OF BIRTH: _____

Applicant's E-MAIL ADDRESS: _____

Applicant's TELEPHONE NUMBER: _____
(INCLUDE AREA CODE AND EXTENSION)

Servicing HR Office complete this section

Accounting/Fund Data: MOOPMINVES09#001 (DO NOT CHANGE THIS NUMBER)

Type of Investigation: ___ SF-85 ___ SF-85P ___ SF-86 Sensitivity Level _____
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Position Title _____

Select one of the following choices:

Volunteer _____ Contractor _____ Affiliate _____
Student _____ ACES _____ Intern _____
Federal Employee _____

Submitting Office Number and State Location: _____

Servicing HR Contact and Phone:

Name _____ Telephone Number _____