

**DEPARTMENT OF COMMERCE,
EASTERN REGIONAL SECURITY OFFICE**

SECURITY WORKSHEET

Please Check the Appropriate Box:

- Contractor
- Associate/Guest
- Volunteer
- Student Programs

1. Full name: _____
(Last, First, Middle)
2. Other names and dates used: _____
3. Position Title: _____
4. Project Title/Contractor Name: _____
5. Place of Birth: _____
(INCLUDE CITY, COUNTY, STATE AND COUNTRY, IF OTHER THAN THE US)
6. Citizenship: _____ Dual Citizenship: _____ Country of Residence: _____
7. Non U.S. Citizens Passport/VISA or Certification Number: _____
8. Date of Birth: _____
9. Social Security Number: _____
10. Sex: Male Female
11. Has Subject worked for DOC in the past? Yes No
Location: _____
12. Work Location: _____
(Agency/Organization) (Duty City/State)
13. Period of assignment: Beginning date: _____ Ending date: _____

ARREST RECORD:

14. During the **last 10 years** have you ever forfeited collateral, been convicted, been imprisoned, been on probation or parole? Yes No (You may omit any traffic violation **under** \$100.00)
15. Are you now under any charges for any violation? Yes No
16. Have you ever been convicted by a military court-martial or received Non-Judicial punishment under the Uniformed Code of Military Justice? Yes No
17. In the last **five years**, have you ever possessed used or manufactured illegal drugs?
Yes No

HEALTH CARE

18. Have you **ever** seen a health care professional for the treatment of an alcohol, drug, mental or emotional disorder? Yes No Date: _____

**IF YOU ANSWERED "YES" TO ANY OF ITEMS 13-18, PLEASE EXPLAIN YOUR ANSWER ON
A SEPARATE SHEET OF PAPER.**

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING OFFICIAL/DEPARTMENTAL SPONSOR:

1. Name: _____
Phone:_(____)_____-_____
2. Mailing Address: _____

3. Position Title: _____
 - a. Position Category: ____ (IT) ____ Administrative/Clerical ____ Technical ____ Other
 - b. Level of (IT) access: ____ User/Applications ____ Network Administrator ____ Global Access
 - c. Position sensitivity: ____ Low Risk ____ Moderate Risk ____ High Risk
4. Organizational Code: _____
5. Will access to departmental facilities be restricted to normal office hours or under escort?
Yes No
6. Furnish accounting data if visit is for more than 180 days
Accounting data: _____
7. This form must be sent to your servicing security office for review. ***Please be sure that Item 13, Period of Visit, is filled in on page 1 of this form.***

THE FACILITY MANAGER PERMITTING THE VISIT ACCEPTS FULL RESPONSIBILITY AND RISK FOR THE ACTIONS OF THE NON-EMPLOYEE (S).

Conditions of Approval:

- Non-Employee facility access is restricted to only the area(s) necessary to perform task as required.
- Access to sensitive information and agency assets are appropriately controlled and protected, to include deemed export technologies.
- Non-Employee after-hour access without escort is prohibited.
- Non-Employee is subject to the Department of Commerce security policies, local facility security policies and Agency IT Security Policy.
- Non-compliance is immediate grounds to terminate access to facility.
- Any infraction or incident will be immediately reported to the servicing security office.

Date of Request

Signature of Requesting Official

Date Received

Date Processed

Conditionally Approved: Yes No Date: _____

CARROLL R. WARD,
Eastern Regional Security Officer