For OFFICIAL USE ONLY (FOUO) - PRIVACY SENSITIVE. Any misuse or unauthorized disclosure may result in both civil and criminal ponalties.

	Personal Ir	nformation		
Full Name:			Date:	
Last	First	М.І.		
Nationality:	Date of Birth:	Place	of Birth:	
CPR No.:	Home Address:			
Home Number:	Cell Number:	Office Number:	Other Number:	
Personal Email:	Work Email		Other Email:	
	Social Med	dia Accounts		
Facebook:	Twitter:			
Instagram:	Other:			
	Educ	ation		
College/Degree/Date o	f Completion:			
High School/Date of Co				
	Foreig	ın Languages		
Language #1:	Proficiency:	Language #2:	Proficiency:	
Language #3:	Proficiency:	Language #4:	Proficiency:	
	Vehic	les		
Vehicle 1:				
Vehicle 2:	ke Model	Year	License Plate	
	ke Model	Year	License Plate	
	Mem	berships		
Clubs:				
Associations:				
Organizations:				
Other:				
Family Information	n - Father, Mother, Brothers, Si	NO sters, Sister In-Laws	Brother In-Laws, Children	
	Place of Birth:		Date of Birth:	
	Оссира	ition:	Position:	
Phone Number:			Frequency of Contact	
	_		rev 25 JAN 2021	

Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
	Occupation:	
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:		Date of Birth:
	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:		Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
	Occupation:	
		Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
	Place of Birth:	
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:

Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Full Name:	Place of Birth:	Date of Birth:
Address:	Occupation:	Position:
Phone Number:	Nature of Relationship:	Frequency of Contact:
Do any Family Members curren	tly work, or have ever worked for a foreig	n government or military? YES 🔲 NO 🗌
Full Name:	Date of Birth:	Place of Birth:
Address:	Position:	Dates of Service: Phone Number:
Full Name:		Place of Birth:
Address:	Position:	Dates of Service:Phone Number:
	Residential History - La	ast 5 Years
Have you lived anywhere other	than Bahrain? Yes: 🗌 No: 🔲	
If yes, When and why did you go th	ere?	
Address:	Occupation:	
When and why did you leave?		
	Foreign Travel Outside of Bah	rain- Last 5 Years
Location:	Dates of travel:	Purpose:
Location:	Dates of travel:	Purpose:
Location:	Dates of travel:	Purpose:
Location:	Dates of travel:	Purpose:
	Employment History - Las	t 5 Years
What is your current Job:	Company A	Address:
Company Phone Number:	Dates of Er	mployment:
Why did you choose to work for	the company?	
Supervisor:		
	Supervisor Phone Numb	er:

Previous Employment:	Company Address:
Dates of Employment:	
Why did you choose to work for this company?	
Why did you leave this company?	
Supervisor:	Supervisor Phone Number:
Colleague:	Colleague Phone Number:
Previous Employment:	
Dates of Employment:	
Why did you choose to work for this company?	
Why did you leave this company?	
Supervisor:	Supervisor Phone Number:
Colleague:	Colleague Phone Number:
Previous Employment:	
Dates of Employment:	
Why did you choose to work for this company?	
Why did you leave this company?	
Supervisor:	Supervisor Phone Number:
Colleague:	Colleague Phone Number:
Do you have any business relationships in Bahrai	in? Yes: 🔲 No: 🗌
Company:	Nature of Relationship:
Name of Contact:	Phone Number:
Email Address:	Frequency of Contact:
Company:	Nature of Relationship:
Name of Contact:	Phone Number:
Email Address:	Frequency of Contact:
Have any business associates ever asked question	ons about the Navy Base? Yes: 🔲 No: 🔲
Have any business associates ever requested as	sistance with business opportunities as the Navy Base? Yes: 🗌 No: 🗌
	Previous U.S. Navy Employment
Have you previously worked with the U.S. Navy?	Yes: No:
Dates: Postion:	Supervisor:
Dates: Postion:	Supervisor:
Dates: Postion:	Supervisor:
How did you hear about the job and how did you a	

Close contacts/friends on NSA Bahra	ain?		
Þæ{ ^K	Ú[∙ãaãį}K		Phone NumberK
Nature of RelationshipK		Frequency of ContactK	
Þæ{ ^K	Ú[∙ãaậ[}K		Úhone NumberK
Nature of RelationshipK			
Þæ{ ^K	Ú[∙ãaą́} } K		Úhone NumberK
Nature of RelationshipK		Frequency of ContactK	
	Lo	cal References	
NameK	Phone Numb	perK	AddressK
OccupationK	_	Nature of RelationshipK	
History and Frequency of ContactK			
NameK	Phone NumberK		AddressK
OccupationK			
History and Frequency of ContactK			
NameK			AddressK
OccupationK			
History and Frequency of ContactK			
	Backgro	ound Questions	
Have you ever had any interactions wi	ith the police, or	r any security organization	s? Yes: 🗌 No: 🗍
Have you ever been arrested or quest	ioned by the po	lice? Yes:	No:
	Dis	claimer and Signature	9
I certify that my answers are tru	ue and comple	te to the best of my know	ledge.
If this application leads to empliin the second sec		erstand that false or misle	eading information in my application or

Signature: _____ Date: _____

The information submitted on this form is valid for 12 months, however if there are updates you will need to recertify. Failure to attach the form to your application will result in non-consideration.