



U.S. Department of Justice

Federal Bureau of Investigation
Washington, D.C. 20535

October 31, 2023

MR. JOHN GREENEWALD JR.
SUITE 1203
27305 WEST LIVE OAK ROAD
CASTAIC, CA 91384

FOIPA Request No.: 1467516-000
Subject: SHURER, RONALD J, II

Dear Mr. Greenewald:

The FBI has completed its review of records subject to the Freedom of Information/Privacy Acts (FOIPA) that are responsive to your request. The enclosed documents were reviewed under the FOIPA, Title 5, United States Code, Section 552/552a. Below you will find check boxes under the appropriate statute headings which indicate the types of exemptions asserted to protect information which is exempt from disclosure. The appropriate exemptions are noted on the enclosed pages next to redacted information. In addition, a deleted page information sheet was inserted to indicate where pages were withheld entirely and identify which exemptions were applied. The checked exemption boxes used to withhold information are further explained in the enclosed Explanation of Exemptions.

Section 552

☐ (b)(1)

☐ (b)(2)

☒ (b)(3)

50 U.S.C. 3024(i) (1)

☐ (b)(4)

☐ (b)(5)

☒ (b)(6)

☐ (b)(7)(A)

☐ (b)(7)(B)

☒ (b)(7)(C)

☐ (b)(7)(D)

☒ (b)(7)(E)

☐ (b)(7)(F)

☐ (b)(8)

☐ (b)(9)

Section 552a

☐ (d)(5)

☐ (j)(2)

☐ (k)(1)

☐ (k)(2)

☐ (k)(3)

☐ (k)(4)

☐ (k)(5)

☐ (k)(6)

☐ (k)(7)

218 page(s) were reviewed and 167 page(s) are being released.

Please see the paragraphs below for relevant information specific to your request as well as the enclosed FBI FOIPA Addendum for standard responses applicable to all requests.

Based on the information you provided, we conducted a main entity record search of the Central Records System (CRS) per our standard search policy. For more information about records searches and the standard search policy, see the enclosed FBI FOIPA Addendum General Information Section.

This is the final release of information responsive to your FOIPA request. This material is being provided to you at no charge.

Document(s) were located which originated with, or contained information concerning, another Government Agency (ies) [OGA]. This information has been referred to the OGA(s) for review and direct response to you. Inquiries regarding your Other Government Agency (OGA) referral(s), designated within the release as "Referral/Direct," may be directed to:

Defense Counterintelligence and Security Agency
ATTN: FOI/P Office for Investigations
P.O. Box 618
1137 Branchton Road
Boyers, PA 16018

Department of Defense
Office of Freedom of Information
1155 Defense Pentagon (OSD Mailroom – Room 3C843)
Washington, D.C. 20301-1155

Please refer to the enclosed FBI FOIPA Addendum for additional standard responses applicable to your request. **"Part 1"** of the Addendum includes standard responses that apply to all requests. **"Part 2"** includes additional standard responses that apply to all requests for records about yourself or any third party individuals. **"Part 3"** includes general information about FBI records that you may find useful. Also enclosed is our Explanation of Exemptions.

Additional information about the FOIPA can be found at www.fbi.gov/foia. Should you have questions regarding your request, please feel free to contact foipaquestions@fbi.gov. Please reference the FOIPA Request number listed above in all correspondence concerning your request.

If you are not satisfied with the Federal Bureau of Investigation's determination in response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, 441 G Street, NW, 6th Floor, Washington, D.C. 20530, or you may submit an appeal through OIP's FOIA STAR portal by creating an account following the instructions on OIP's website: <https://www.justice.gov/oip/submit-and-track-request-or-appeal>. Your appeal must be postmarked or electronically transmitted within ninety (90) days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal." Please cite the FOIPA Request Number assigned to your request so it may be easily identified.

You may seek dispute resolution services by emailing the FBI's FOIA Public Liaison at foipaquestions@fbi.gov. The subject heading should clearly state "Dispute Resolution Services." Please also cite the FOIPA Request Number assigned to your request so it may be easily identified. You may also contact the Office of Government Information Services (OGIS). The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

Sincerely,



Michael G. Seidel
Section Chief
Record/Information Dissemination Section
Information Management Division

Enclosures

FBI FOIPA Addendum

As referenced in our letter responding to your Freedom of Information/Privacy Acts (FOIPA) request, the FBI FOIPA Addendum provides information applicable to your request. Part 1 of the Addendum includes standard responses that apply to all requests. Part 2 includes standard responses that apply to requests for records about individuals to the extent your request seeks the listed information. Part 3 includes general information about FBI records, searches, and programs.

Part 1: The standard responses below apply to all requests:

- (i) **5 U.S.C. § 552(c).** Congress excluded three categories of law enforcement and national security records from the requirements of the FOIPA [5 U.S.C. § 552(c)]. FBI responses are limited to those records subject to the requirements of the FOIPA. Additional information about the FBI and the FOIPA can be found on the www.fbi.gov/foia website.
- (ii) **Intelligence Records.** To the extent your request seeks records of intelligence sources, methods, or activities, the FBI can neither confirm nor deny the existence of records pursuant to FOIA exemptions (b)(1), (b)(3), and as applicable to requests for records about individuals, PA exemption (j)(2) [5 U.S.C. §§ 552/552a (b)(1), (b)(3), and (j)(2)]. The mere acknowledgment of the existence or nonexistence of such records is itself a classified fact protected by FOIA exemption (b)(1) and/or would reveal intelligence sources, methods, or activities protected by exemption (b)(3) [50 USC § 3024(i)(1)]. This is a standard response and should not be read to indicate that any such records do or do not exist.

Part 2: The standard responses below apply to all requests for records on individuals:

- (i) **Requests for Records about any Individual—Watch Lists.** The FBI can neither confirm nor deny the existence of any individual's name on a watch list pursuant to FOIA exemption (b)(7)(E) and PA exemption (j)(2) [5 U.S.C. §§ 552/552a (b)(7)(E), (j)(2)]. This is a standard response and should not be read to indicate that watch list records do or do not exist.
- (ii) **Requests for Records about any Individual—Witness Security Program Records.** The FBI can neither confirm nor deny the existence of records which could identify any participant in the Witness Security Program pursuant to FOIA exemption (b)(3) and PA exemption (j)(2) [5 U.S.C. §§ 552/552a (b)(3), 18 U.S.C. 3521, and (j)(2)]. This is a standard response and should not be read to indicate that such records do or do not exist.
- (iii) **Requests for Confidential Informant Records.** The FBI can neither confirm nor deny the existence of confidential informant records pursuant to FOIA exemptions (b)(7)(D), (b)(7)(E), and (b)(7)(F) [5 U.S.C. §§ 552 (b)(7)(D), (b)(7)(E), and (b)(7)(F)] and Privacy Act exemption (j)(2) [5 U.S.C. § 552a (j)(2)]. The mere acknowledgment of the existence or nonexistence of such records would reveal confidential informant identities and information, expose law enforcement techniques, and endanger the life or physical safety of individuals. This is a standard response and should not be read to indicate that such records do or do not exist.

Part 3: General Information:

- (i) **Record Searches and Standard Search Policy.** The Record/Information Dissemination Section (RIDS) searches for reasonably described records by searching systems, such as the Central Records System (CRS), or locations where responsive records would reasonably be found. The CRS is an extensive system of records consisting of applicant, investigative, intelligence, personnel, administrative, and general files compiled by the FBI per its law enforcement, intelligence, and administrative functions. The CRS spans the entire FBI organization, comprising records of FBI Headquarters, FBI Field Offices, and FBI Legal Attaché Offices (Legats) worldwide; Electronic Surveillance (ELSUR) records are included in the CRS. The standard search policy is a search for main entity records in the CRS. Unless specifically requested, a standard search does not include a search for reference entity records, administrative records of previous FOIPA requests, or civil litigation files.
 - a. *Main Entity Records* – created for individuals or non-individuals who are the subjects or the focus of an investigation
 - b. *Reference Entity Records*- created for individuals or non-individuals who are associated with a case but are not known subjects or the focus of an investigation
- (ii) **FBI Records.** Founded in 1908, the FBI carries out a dual law enforcement and national security mission. As part of this dual mission, the FBI creates and maintains records on various subjects; however, the FBI does not maintain records on every person, subject, or entity.
- (iii) **Foreseeable Harm Standard.** As amended in 2016, the Freedom of Information Act provides that a federal agency may withhold responsive records only if: (1) the agency reasonably foresees that disclosure would harm an interest protected by one of the nine exemptions that FOIA enumerates, or (2) disclosure is prohibited by law (5 United States Code, Section 552(a)(8)(A)(i)). The FBI considers this foreseeable harm standard in the processing of its requests.
- (iv) **Requests for Criminal History Records or Rap Sheets.** The Criminal Justice Information Services (CJIS) Division provides Identity History Summary Checks – often referred to as a criminal history record or rap sheet. These criminal history records are not the same as material in an investigative “FBI file.” An Identity History Summary Check is a listing of information taken from fingerprint cards and documents submitted to the FBI in connection with arrests, federal employment, naturalization, or military service. For a fee, individuals can request a copy of their Identity History Summary Check. Forms and directions can be accessed at www.fbi.gov/about-us/cjis/identity-history-summary-checks. Additionally, requests can be submitted electronically at www.edo.cjis.gov. For additional information, please contact CJIS directly at (304) 625-5590.

EXPLANATION OF EXEMPTIONS

SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552

- (b)(1) (A) specifically authorized under criteria established by an Executive order to be kept secret in the interest of national defense or foreign policy and (B) are in fact properly classified to such Executive order;
- (b)(2) related solely to the internal personnel rules and practices of an agency;
- (b)(3) specifically exempted from disclosure by statute (other than section 552b of this title), provided that such statute (A) requires that the matters be withheld from the public in such a manner as to leave no discretion on issue, or (B) establishes particular criteria for withholding or refers to particular types of matters to be withheld;
- (b)(4) trade secrets and commercial or financial information obtained from a person and privileged or confidential;
- (b)(5) inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency;
- (b)(6) personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;
- (b)(7) records or information compiled for law enforcement purposes, but only to the extent that the production of such law enforcement records or information (A) could reasonably be expected to interfere with enforcement proceedings, (B) would deprive a person of a right to a fair trial or an impartial adjudication, (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (D) could reasonably be expected to disclose the identity of confidential source, including a State, local, or foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of record or information compiled by a criminal law enforcement authority in the course of a criminal investigation, or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source, (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or (F) could reasonably be expected to endanger the life or physical safety of any individual;
- (b)(8) contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions; or
- (b)(9) geological and geophysical information and data, including maps, concerning wells.

SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552a

- (d)(5) information compiled in reasonable anticipation of a civil action proceeding;
- (j)(2) material reporting investigative efforts pertaining to the enforcement of criminal law including efforts to prevent, control, or reduce crime or apprehend criminals;
- (k)(1) information which is currently and properly classified pursuant to an Executive order in the interest of the national defense or foreign policy, for example, information involving intelligence sources or methods;
- (k)(2) investigatory material compiled for law enforcement purposes, other than criminal, which did not result in loss of a right, benefit or privilege under Federal programs, or which would identify a source who furnished information pursuant to a promise that his/her identity would be held in confidence;
- (k)(3) material maintained in connection with providing protective services to the President of the United States or any other individual pursuant to the authority of Title 18, United States Code, Section 3056;
- (k)(4) required by statute to be maintained and used solely as statistical records;
- (k)(5) investigatory material compiled solely for the purpose of determining suitability, eligibility, or qualifications for Federal civilian employment or for access to classified information, the disclosure of which would reveal the identity of the person who furnished information pursuant to a promise that his/her identity would be held in confidence;
- (k)(6) testing or examination material used to determine individual qualifications for appointment or promotion in Federal Government service the release of which would compromise the testing or examination process;
- (k)(7) material used to determine potential for promotion in the armed services, the disclosure of which would reveal the identity of the person who furnished the material pursuant to a promise that his/her identity would be held in confidence.

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA)
document clearinghouse in the world. The research efforts here are
responsible for the declassification of hundreds of thousands of pages
released by the U.S. Government & Military.

Discover the Truth at: **<http://www.theblackvault.com>**

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1467516-000

Total Deleted Page(s) = 42

Page 9 ~ Duplicate;
Page 10 ~ Duplicate;
Page 20 ~ Duplicate;
Page 21 ~ Duplicate;
Page 23 ~ Duplicate;
Page 31 ~ Duplicate;
Page 32 ~ Duplicate;
Page 33 ~ Duplicate;
Page 34 ~ Duplicate;
Page 38 ~ Duplicate;
Page 39 ~ Duplicate;
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Page 80 ~ Referral/Direct;
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Page 82 ~ Referral/Direct;
Page 83 ~ Referral/Direct;
Page 84 ~ Referral/Direct;
Page 87 ~ b3; b7E;
Page 88 ~ b3; b7E;
Page 181 ~ Referral/Direct;

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04/26/2012 * * * Bureau Personnel Management System (BPMS) * * * AGA118P

12:42:52

Up-To-Date Status

Applicant : SHURER RONALD J II File Number. . . : 067-1600396

Status. : INACTIVE Reason : NO LONGER INTERESTED

Credit-Office . . : CE Proc-Off. : CE Date Deactivated : 08/20/2009

Intake Analyst. . : Date Assigned. . :

SACU Analyst. . . : Date Assigned. . : 07/23/2009

Qualification Pgm : DIVERSIFIED

Phase I : 12/17/2008 Status. : PASS

Phase II Intv . . : 06/16/2009 Status. : PASS

PSI-Cond-Date . . : 07/07/2009 Date Rec'd SACU. : 06/24/2009

Poly-Cond-Date. . : 07/14/2009

Poly-Rev-Date . . : 07/15/2009 Status. : CONTINUE

Drug Test : 07/14/2009 Status. : PASS NO LONGER VALID

Bckgrd-Init-Date. : 08/07/2009 Buded : 08/14/2009

Physical Exam . . : 07/14/2009 Status. : INCOMPLETE

Med Issues to HCPU : Status. :

PFT Date. : 07/09/2009 Status. : FAIL

Bckgrd Completed. :

Favorable Adjud . : Date Case Sent HRD :

Adjudication EC . : EOD Date :

Appointment Letter : Primary Career Path :

F2= Print F3= Exit F12= Cancel

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04/09/2010 * * * Bureau Personnel Management System (BPMS) * * * AGA101N2
06:12:10 Status Screen Page 1 of 5

Status : INACTIVE
Reason : NO LONGER INTERESTED
Discontinued : 08/20/2009

Intake Analyst/Assigned. :
REC'D SACU. : 06/24/2009

SACU Analyst/Assigned. : 07/23/2009

File Number - HQ/FO. . . : 067-1600396

Credit Office. : CE CHARLOTTE

Processing Office. . . . : CE CHARLOTTE

Blitz Office :

Name : SHURER RONALD J II

SSAN : 175-60-0118

DOB. : 12/07/1978

FBI Employee/FO. : N

Member of Bar/CPA. . . . :

Veteran Pref Elig/Pts. . : Y / 10

Qualification Programs

Accounting. :

Diversified : X

Language. :

Law :

CS/IT :

No Programs . . . :

F3= Exit F11= NextPg F12= Cancel

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b7C

Privacy Act Statement

Authority and Principal Purposes for which Information is Intended to be Used

Authority for maintenance of these records includes 5 U. S. C. §§ 3301 and 7901; 5 C. F. R. §§ 293 and 297; and 28 C. F. R. § 0.137. Providing this personal information will facilitate and document your health care. The information you furnish will be maintained in your medical file in order to ensure that your medical history is current, and that no condition exists which would interfere with the performance of duty in a position involving a high degree of responsibility toward the public or sensitive national security concerns. The immunization record must be maintained and updated in the event that the nature of your duties requires exposure to chemical substances, fluids, or other dangerous materials, or in the event that your duties require overseas travel which would increase your risk to communicable diseases.

Routine Uses

The primary use of this information is to provide, plan, and coordinate health care, as necessary. Other possible uses include: Aid in preventive health and communicable disease control programs and reporting medical conditions required by law to federal, state, and local agencies; compile statistical data; determine suitability of persons for duties or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; those routine uses as published in the notice for the FBI's Central Records System in the Federal Register; and other uses as established by the Office of Personnel Management for its records system, OPM/GOVT-10 - Employee Medical File System Records.

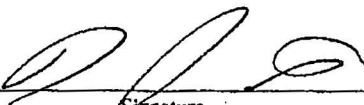
Effects of Nondisclosure

For employees in or applying for positions for which medical qualifications or standards have been established, disclosure is mandatory. Failure to provide the requested information may lead to disqualification for the position. For others, disclosure of the requested information is voluntary. If the requested information is not furnished, it will be more difficult to provide health care as necessary; however, such care will not, unless otherwise indicated, be denied.

Social Security Number

The Social Security Number (SSN) is utilized to identify and retrieve health care records, and to maintain the overall accuracy of Bureau health records. Solicitation of the SSN is authorized under provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The use of the SSN is made necessary because of the large number of present and former federal employees, and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Your signature acknowledges that you have been advised of the foregoing.



Signature

175-60-048
Social Security Number

14761, 2009

Date Signed

Enclosure

**AUTHORIZATION FORM FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION UNDER
THE HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT OF 1996**

Tricare CHCBP

(Name of Health Plan, Health Care Clearinghouse, or Health Care Provider)

PO Box 7031 Camden SC 29020-7031

(Address of Health Plan, Health Care Clearinghouse, or Health Care Provider)

Patient Name: Ronald J Shurr II Date of Birth: 07 Dec 1978

Patient Address: 105 Oakton Ct, Holly Springs NC 27540

I hereby authorize the above "covered entity" (health plan, health care clearinghouse, or health care provider) to disclose (including review, copy, and release of records/material, and provision of information/testimony) any and all medical records and protected health information to any Special Agent or employee of the Federal Bureau of Investigation or the United States Department of Justice, regarding my treatment, including but not limited to: inpatient/outpatient records, medical, optical, dental, psychiatric (except for psychotherapy notes, which require a separate consent form), alcohol/chemical/substance abuse, HIV/Aids, pharmaceutical, hospital or physician records, office notes, narrative summaries, telephone messages, correspondence to/from/about me, diagnostic testing results, billing records, statements and invoices, whether or not you created those records as long as the records are in your control or possession, and whether in electronic data or other format.

- I understand that the purpose of this disclosure is to assist a criminal investigation or subsequent prosecution, or (other purpose)
- I understand that I have the right to revoke this authorization at any time by sending a written notification to this health plan, health care clearinghouse, or health care provider.
- I understand that, absent revocation, this authorization shall be effective until (date or event)
- I understand that if I revoke this authorization, it will have no effect on actions already taken pursuant to this form.
- I understand that information disclosed under this authorization may be further disclosed by the recipient and may no longer be protected by federal or state law.
- I understand that this health plan, health care clearinghouse, or health care provider may not condition examination or treatment on whether I sign this authorization form.

Signature of Patient or, if applicable,
Patient's Personal Representative

Date of Signature

Personal Representative's Relationship
to Patient (attach any supporting documentation)

Printed Name, Address & Telephone Number
of Personal Representative

09/28/2009 * * * Bureau Personnel Management System (BPMS) * * * AGA118P

11:22:56 Up-To-Date Status

Applicant : SHURER RONALD J II File Number. . . : 067-1600396

Status. : INACTIVE Reason : NO LONGER INTERESTED

Credit-Office . . : CE Proc-Off. : CE Date Deactivated : 08/20/2009

Intake Analyst. . : Date Assigned. . :

SACU Analyst. . . : Date Assigned. . : 07/23/2009

Qualification Pgm : DIVERSIFIED

Phase I : 12/17/2008 Status. : PASS

Phase II Intv . . : 06/16/2009 Status. : PASS

PSI-Cond-Date . . : 07/07/2009 Date Rec'd SACU. : 06/24/2009

Poly-Cond-Date. . : 07/14/2009

Poly-Rev-Date . . : 07/15/2009 Status. : CONTINUE

Drug Test : 07/14/2009 Status. : PASS

Bckgrd-Init-Date. : 08/07/2009 Buded : 08/14/2009

Physical Exam . . : 07/14/2009 Status. : INCOMPLETE

Med Issues to HCPU : Status. :

PFT Date. : 07/09/2009 Status. : FAIL

Date Case Sent AAU :

Favorable Adjud . : Date Case Sent HRD :

Adjudication EC . : EOD Date :

Appointment Letter : Primary Career Path :

F2= Print F3= Exit F12= Cancel

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FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 7/16/2009

To: ✓ CJIS

Attn: Fingerprint Cards
Special Stops Team
Module E-1

From: Charlotte

Squad 15

Contact: [REDACTED]

(704) 331-8726

Approved By: [REDACTED]

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b7c

Drafted By: [REDACTED]

sac

Case ID #: 67B-HQ-1600396 -2

Title: RONALD J SHURER II
BUAP: SPECIAL AGENT

Synopsis: This communication serves to forward fingerprint cards to the CJIS Division.

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Enclosure(s): Enclosed for Special Stops Team, Module E-1, are two fingerprint cards for above referenced Special Agent applicant.

Details: Applicant is being processed for the Special Agent position. CJIS is requested to conduct appropriate records check on enclosed fingerprint cards.

JUL 26 2009

JUL 27 2009

EC & PRT(S) RECD

To: CJIS From: Charlotte
Re: 67B-HQ-1600396

LEAD(s):

Set Lead 1: (Action)

CJIS

AT CLARKSBURG, WV

CJIS is requested to conduct appropriate records check on enclosed fingerprint cards and submit results to SACU, Room 10130.

11/10/2009 * * * Bureau Personnel Management System (BPMS) * * * AGA118P

08:25:09 Up-To-Date Status

Applicant : SHURER RONALD J II File Number . . . : 067-1600396

Status : INACTIVE Reason : NO LONGER INTERESTED

Credit-Office . . : CE Proc-Off. : CE Date Deactivated : 08/20/2009

Intake Analyst . . : Date Assigned . . :

SACU Analyst . . : Date Assigned . . : 07/23/2009

Qualification Pgm : DIVERSIFIED

Phase I : 12/17/2008 Status : PASS

Phase II Intv . . : 06/16/2009 Status : PASS

PSI-Cond-Date . . : 07/07/2009 Date Rec'd SACU. : 06/24/2009

Poly-Cond-Date . . : 07/14/2009

Poly-Rev-Date . . : 07/15/2009 Status : CONTINUE

Drug Test : 07/14/2009 Status : PASS

Bckgrd-Init-Date. : 08/07/2009 Buded : 08/14/2009

Physical Exam . . : 07/14/2009 Status : INCOMPLETE

Med Issues to HCPU : Status :

PFT Date : 07/09/2009 Status : FAIL

Date Case Sent AAU : Date Case Sent HRD :

Favorable Adjud . : EOD Date :

Adjudication EC . : Primary Career Path :

Appointment Letter : Primary Career Path :

F2= Print F3= Exit F12= Cancel

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b7c



U.S. Department of Justice

Federal Bureau of Investigation

Washington, D. C. 20535-0001

September 29, 2009

RONALD JOSEPH SHURER II
Born: December 7, 1978
Alaska
SSAN: 175-60-0118

FBI files reveal captioned individual, identified as above, was the subject of an applicant investigation initiated by the FBI in 2009, in connection with his application for a Special Agent position with the FBI. In addition to the attached ten FBI reports and four investigation summaries, this investigation revealed the following information.

Certain credit information contained in our files is protected in accordance with the Right to Financial Privacy Act of 1978 (Public Law 95-630, 12 U.S. Code, 3401-3422). If your agency desires such information, please indicate by letter marked to the attention of the National Name Check Program Section, Records Management Division. This request should certify that the purpose for obtaining such information is pursuant to a legitimate law enforcement inquiry by your agency as defined by the Act.

On August 20, 2009, Shurer's background investigation was discontinued as he was no longer interested in a position with the FBI.

FBI files contain no additional information regarding Shurer.

Enclosures (14)

Original: SSOT
Request received: August 31, 2009

1 - [redacted]
1 - [redacted]
1 - 67B-HQ-1600396 -23

[redacted] (4)

SEE NOTE PAGE 2

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b7c

Ronald Joseph Shurer II

Note: Information in the above memorandum was obtained from ACS/ECF file 67B-HQ-1600396 and BPMS.

08/20/2009 * * * Bureau Personnel Management System (BPMS) * * * AGA101N2

06:41:56 Status Screen

Page 1 of 5

Status : INACTIVE

Reason : NO LONGER INTERESTED

Discontinued : 08/20/2009

Intake Analyst/Assigned. :

REC'D SACU. : 06/24/2009

SACU Analyst/Assigned. . : 07/23/2009

File Number - HQ/FO. . . : 067-1600396

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b7C

Credit Office. : CE CHARLOTTE

Processing Office. . . . : CE CHARLOTTE

Blitz Office :

Name : SHURER RONALD J II

SSAN : 175-60-0118

DOB. : 12/07/1978

FBI Employee/FO. : N

Member of Bar/CPA. . . . :

Veteran Pref Elig/Pts. . : Y / 10

Qualification Programs

Accounting. :

Law :

Diversified : X

CS/IT :

Language. :

No Programs :

F3= Exit F11= NextPg F12= Cancel

4A0

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/16/2009

To: Security

Attn:

SACU, Room 10130

From: Denver

A-2

Contact:

303-629-7171

Approved By:

Drafted By:

Case ID #: 67B-HQ-1600396-15 (Pending)

Title: RONALD JOSEPH SHURER II
BUAP - SPECIAL AGENT

Synopsis: Denver's indices check conducted.

Reference: 67B-HQ-1600396 Serial 4

Details: Denver's automated indices check was conducted on the applicant's reference, [REDACTED] with negative results.

Denver's automated indices check was conducted on the applicant's [REDACTED] with a positive name match in case [REDACTED] This file is currently at the ARC.

Denver's manual indices are unavailable due to them being shipped to West Virginia for scanning. In the event Denver must conduct a manual indices check please re-set a new lead to Denver that will be covered after the scanning is completed.

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UNCLASSIFIED

To: Security From: Denver
Re: 67B-HQ-1600396, 08/16/2009

LEAD(s):

Set Lead 1: (Info)

SECURITY

AT SACU, DC

Read and clear.

♦♦

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE Washington Field Office	OFFICE OF ORIGIN WFO	DATE 08/14/2009	INVESTIGATIVE PERIOD 08/13/2009 - 08/13/2009
TITLE OF CASE RONALD JOSEPH SHURER II		REPORT MADE BY	TYPED BY
		CHARACTER OF CASE Special Agent Applicant Investigations	



REFERENCE: Bureau EC to WFO, et al, dated 08/07/2009.

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- CLOSED -

/ ADMINISTRATIVE: BUDED: 08/14/2009

Where appropriate, Privacy Act(e)(3) data was furnished to persons interviewed. Express promise of confidentiality, both limited and unlimited have been noted where granted.

APPROVED	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW			
COPIES MADE:  (067B-HQ-1600396) SACU Rm. 10130 ATTN:  1 - WFO (067B-HQ-1600396)					
DISSEMINATION RECORD OF ATTACHED REPORT		Notations			
Agency					
Request Recd.					
Date Fwd.					
How Fwd.					
By.					

UNITED STATES DEPARTMENT OF JUSTICE
- Federal Bureau of Investigation

Copy to:

Report of:

Office: WFO

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Date: 08/14/2009

Case ID #: 067B-HQ-1600396

Title: RONALD JOSEPH SHURER II

Character: Special Agent Applicant Investigations

Synopsis: USSS/APP RECORDS WERE CHECKED CONCERNING SHURER II.

- CLOSED -

DETAILS

WFO INVESTIGATION IS COMPLETE.

[REDACTED]

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APPLICATION VERIFICATION

UNITED STATES SECRET SERVICE (USSS)
Special Investigation and Security Division
950 H Street, N.W.
Washington, D.C.

On August 12, 2009, Investigative Operations Analyst (IOA) [REDACTED] contacted [REDACTED] to determine if RONALD JOSEPH SHURER II, submitted an employment application with the USSS.

On August 12, 2009, [REDACTED] advised that SHURER is a Special Agent applicant that is currently in process as of 08/08/2009.

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No additional information was available.

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FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/13/2009

To: Security

Attn: SACUL Room 10130

From: Atlanta

Squad A1

Contact:

(404) 679-6172

Approved By:

Drafted By:

Case ID #: 67B-HQ-1600396 (Pending) -11

Title: RONALD JOSEPH SHURER II
BUAP - SPECIAL AGENT (DIVERSIFIED)

Synopsis: Atlanta indices regarding the captioned applicant, spouse, relative, roommate and/or reference.

Reference: 67B-HQ-1600396 Serial 4

Details: A review of the Atlanta indices disclosed no record identifiable with the captioned applicant, spouse, relative, roommate or reference.

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/13/2009

To: Security

Attn:

SACU, Room 10130

From: Columbia

Contact: IOA

803/551-4409

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b7C

Approved By:

Drafted By:

Case ID #: 67B-HQ-1600396-8 (Pending)

Title: RONALD JOSEPH SHURER, II
BUAP-SPECIAL AGENT (DIVERSIFIED)

Synopsis: Response to lead 4.4. Arrest checks conducted.

Reference: 67B-HQ-1600396 Serial 4

Administrative: All persons interviewed were furnished the appropriate provisions of the Privacy Act. Express promises of confidentiality have not been granted.

Columbia indices negative regarding applicant, all relatives, references and social acquaintances residing in South Carolina.

Details: The following investigation was conducted by Investigative Operations Analyst

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ARREST:

On 08/12/2009, a search of NCIC and the automated Criminal History Files, South Carolina Law Enforcement Division (SLED), Columbia, South Carolina, revealed no record of arrest regarding applicant.

On 08/12/2009, a search of the manual Criminal Records, Columbia Police Department, Columbia, South Carolina, revealed no record of arrest regarding applicant.

To: Security From: Columbia
Re: 67B-HQ-1600396, 08/13/2009

On 08/12/2009, Connie Bowman, Senior Investigator, Law Enforcement Activity Center, Criminal Investigations Division (CID), Fort Jackson, South Carolina, advised she could locate no record of arrest regarding applicant in their automated arrest records.

To: Security From: Columbia
Re: 67B-HQ-1600396, 08/13/2009

LEAD(s):

Set Lead 1: (Info)

SECURITY

AT WASHINGTON, DC

Read & Clear

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/12/2009

To: Security

Attn: SACU, Room 10130

Attn: [REDACTED]

From: Seattle

FIG-4

Contact: HRA [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED]

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b7C

Case ID #: 67B-HQ-1600396 (Pending)

Title: RONALD JOSEPH SHURER II
BUAP - SPECIAL AGENT (DIVERSIFIED)

Synopsis: Results of investigation conducted at Seattle.

Reference: 67B-HQ-1600396 Serial 4

Details: Referenced Electronic Communication dated 08/07/2009 requested Seattle to conduct indices and arrest checks on applicant RONALD JOSEPH SHURER II, date of birth 12/07/1978. In addition, Seattle was requested to verify the applicant's education in the state of Washington and conduct indices checks on applicant's listed references and relatives.

Indices checks were conducted on applicant, his listed reference, and listed relatives, all with negative results in the state of Washington.

ARREST

Between 08/10/2009 - 08/12/2009, the following record checks were completed regarding applicant Ronald Joseph Shurer II, date of birth 12/07/1978, and produced negative results:

- Pullman, Washington Police Department
- Whitman County, Washington Sheriff's Office
- Roy, Washington Police Department
- Puyallup, Washington Police Department

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To: Security From: Seattle
Re: 67B-HQ-1600396, 08/12/2009

- Pierce County, Washington Sheriff's Office Law Enforcement Support Agency (LESA)
- McChord Air Force Base (AFB) Office of Special Investigations (OSI)
- Washington State District & Municipal Court's Violator History database (DISCIS)
- Washington State Identification System (WASIS)
- Washington State Crime Information System (WACIC)
- National Crime Information Center (NCIC)

EDUCATION

Between 08/10/2009 - 08/12/2009, educational records were provided from both Governor John R. Rogers High School, Puyallup, Washington, and Washington State University, Pullman, Washington, regarding applicant Ronald James Shurer II, as follows:

Governor John R. Rogers High School

- Attendance: September 1994 - June 1997
- GPA: 3.76 cumulative, based on a 4.00 scale
- Diploma: Diploma awarded June 8, 1997
- Disciplinary Actions: None

Washington State University (Undergraduate Program)

- Attendance: August 25, 1997 - August 3, 2001
- Major/Minor: Business Economics
- GPA: 3.37 cumulative, based on a 4.00 scale
- Degree: Bachelor of Arts (BA) in Business Administration, awarded August 4, 2001
- Disciplinary Actions: None
- Campus Police: No contacts
- Financial Aid: No aid received; No outstanding financial obligations

Washington State University (Graduate School)

- Attendance: August 27, 2001 - December 21, 2001 (full time); January 14, 2001 - May 10, 2002 (part time)
- Major: Economics
- GPA: 3.28 cumulative, based on a 4.00 scale

Washington State University (Undergraduate - Pre-Nursing)

UNCLASSIFIED

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To: Security From: Seattle
Re: 67B-HQ-1600396, 08/12/2009

- Attendance: June 10, 2002 - August 2, 2002 (full time); August 26, 2002 - September 19, 2002 (full time, but withdrew on September 19, 2002)
- GPA: 3.40 cumulative, based on a 4.00 scale

The aforementioned records regarding disciplinary actions, Campus Police contacts, and financial obligations pertain to all terms of attendance, both undergraduate and graduate.

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To: Security From: Seattle
Re: 67B-HQ-1600396, 08/12/2009

LEAD(s) :

Set Lead 1: (Info)

SECURITY

AT WASHINGTON, DC

Seattle considers this lead covered.



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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE ST. LOUIS	OFFICE OF ORIGIN BUREAU	DATE 08/11/2009	INVESTIGATIVE PERIOD 8/10/2009 - 8/11/2009
TITLE OF CASE RONALD JOSEPH SHURER II		REPORT MADE BY IOA [REDACTED]	TYPED BY [REDACTED]
		CHARACTER OF CASE BUAP - SPECIAL AGENT (DIVERSIFIED)	

Reference Security EC to Charlotte Division dated 8/7/2009.

Administrative:

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All persons interviewed were furnished the appropriate provisions of the Privacy Act. Express promises of confidentiality have not been granted.

Investigation completed at St. Louis.

APPROVED [REDACTED]	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW			
COPIES MADE: ②-Bureau (67B-HQ-1600396) (Attn: SACU Room 10130, [REDACTED]) [REDACTED] [REDACTED] 8/13/09					
		10/30			
DISSEMINATION RECORD OF ATTACHED REPORT		Notations			
Agency					
Request Recd.					
Date Fwd.					
How Fwd.					
By					

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UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation

Copy to:

Report of:

IOA [REDACTED]

Office:

Date:

08/11/2009

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Case ID #:

67B-HQ-1600396

Title:

RONALD JOSEPH SHURER II

Character:

BUAP - SPECIAL AGENT (DIVERSIFIED)

Synopsis:

Review of BUAP's Army Official Military Personnel Folder (OMPF) located at the Federal Records Center.

- P -

DETAILS: At St. Louis, Missouri

Employment

A review of an OMPF on file at the Federal Records Center, Military Branch, 9700 Page Avenue, disclosed Ronald Joseph Shurer, Social Security Account Number 175-60-0118, enlisted with the Army Reserve, Delayed Entry Program, on September 18, 2002, at Spokane, Washington. Shurer served with the Army Reserve, inactive status, through November 21, 2002, when he entered on active duty with the Army.

Records indicate that Shurer served continuous active duty status from November 21, 2002 through May 21, 2009, when he was Honorably released as a Staff Sergeant (E-6), at Fort Bragg, North Carolina and transferred to the Army Reserve, Control Group, at St. Louis, Missouri. Shurer's Army Reserve obligation date was shown as September 17, 2010.

Shurer's OMPF noted foreign service in Afghanistan. He received the following awards/medals: Silver Star, Bronze

67B-HQ-1600396

Star Medal, Army Commendation Medal, Purple Heart, Meritorious Unit Commendation, Army Good Conduct Medal, National Defense Service Medal, Afghanistan Campaign Medal, Global War on Terrorism Service Medal, NCO Professional Development Ribbon, Army Service Ribbon, NATO Medal, Combat Infantryman Badge, Parachutist Badge and Special Forces Tab. His primary military speciality was shown as Medical Sergeant and Health Care Specialist.

Shurer's conduct/efficiency reviews indicated Outstanding, Superior and Meets Standards performance during his Army active duty tenure. There was no record of Court-Martial, Non-Judicial Punishment or Absence Without Leave noted in his folder.

No security clearance level documentation was found in Shurer's OMPF.

His date and place of birth was shown as December 7, 1978, at Fairbanks, Alaska.

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/10/2009

To: Security

Attn: [REDACTED]

SACU ROOM 10130

From: Pittsburgh

Squad 9

Contact: [REDACTED]

412-432-4376

Approved By: [REDACTED]

Drafted By: [REDACTED]

Case ID #: 67B-HQ-1600396 (Pending)

Title: RONALD JOSEPH SHURER II
BUAP-RESEARCH ANALYST

Synopsis: Indices checks completed on applicant's relatives.

Details: A review of Pittsburgh general indices, which consists of a manual search and a Universal Index (UNI) Search failed to locate any information on applicant's [REDACTED]
[REDACTED]

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To: Pittsburgh From: Pittsburgh
Re: 67B-HQ-1600396 08/10/2009

LEAD(s) :

Set Lead 1: (Info)

SECURITY

AT WASHINGTON, D.C.

For information.

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009

Date: 08/10/2009

To: Security

Attn: [REDACTED]

SACU Room 10130

From: Chicago

WC-4

Contact: [REDACTED]

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b7C

Approved By: [REDACTED]

Drafted By: [REDACTED]

Case ID #: 67B-HQ-1600396 ✓ (Pending)

Title: RONALD JOSEPH SHURER II
BUAP - SPECIAL AGENT (DIVERSIFIED)

Synopsis: Lead Covered. Results of Background Investigation.

Reference: 67B-HQ-1600396 Serial 4

Administrative: IN AN EFFORT TO FULFIL THE DIRECTOR'S HIRING GOALS FOR CRITICAL POSITIONS IN THE FBI, SECURITY DIVISION (SECD) IS INITIATING CAPTIONED BI. BUDED MUST BE MET WITHOUT FAIL.

Details:

INDICES:

A search of Chicago's ACS indices regarding the candidate RONALD JOSEPH SHURER II and the candidates [REDACTED] [REDACTED] were negative

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Chicago considers lead 5 serial 4 covered and is conducting no further investigation.

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To: Security From: Chicago
Re: 67B-HQ-1600396, 08/10/2009

LEAD(s):

Set Lead 1: (Info)

SECURITY

AT WASHINGTON, DC

Read and Clear.

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Precedence: DEADLINE 08/14/2009 **Date:** 08/07/2009

To: Security

Charlotte
Anchorage
Atlanta
Chicago
Columbia
Denver
Indianapolis
Pittsburgh
San Antonio
Seattle
St Louis
Washington Field

Attn: [REDACTED] SACU Room 10130
Attn: BICS, Mailbox #28
Attn: Applicant Coordinator

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Attn: Squad A2

From: Security

Special Agent Clearance Unit, Room 10130
Contact: [REDACTED]

Approved By: [REDACTED]

Drafted By: [REDACTED]

b6
b7C

Case ID #: 67B-HQ-1600396 -4

Title: RONALD JOSEPH SHURER II
BUAP - SPECIAL AGENT (DIVERSIFIED)

Synopsis: Initiation of Background Investigation.

Administrative: IN AN EFFORT TO FULFILL THE DIRECTOR'S HIRING GOALS FOR CRITICAL POSITIONS IN THE FBI, SECURITY DIVISION (SecD) IS INITIATING CAPTIONED BI. BUDED MUST BE MET WITHOUT FAIL.

Enclosure(s): For each field office, one copy of SF-86/PSI and appropriate release forms.

Details: Applicant has successfully completed Phase II of the Special Agent Selection System (SASS) and the Conditional Appointment Offer (CAO) has been issued.

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For information: Applicant's PSI was conducted on 07/07/2009, polygraph was conducted on 07/14/2009, urinalysis/drug test was conducted on 07/14/2009, FPC was submitted for processing, Physical conducted on 07/14/2009 and passed PFT is pending.

Updated 8/17/09
BIDS
Manned to

To: Security From: Security
Re: 67B-HQ-1600396, 08/07/2009

Charlotte is requested to immediately complete outstanding preliminary processing for captioned applicant and obtain additional release forms as appropriate. **Your office is responsible for immediately setting appropriate leads for any additional, clarifying, and/or omitted information on his SF-86 or PSI. Specifically ascertain if applicant is willing to accept less than 2 weeks notice for NAC. CONDUCT SPOUSAL INTERVIEW NO LATER THAN BUDED.**

Each receiving office is requested to conduct investigation as indicated on the enclosed SF-86/PSI. Submit results to SACU analyst, by deadline.

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To: Security From: Security
Re: 67B-HQ-1600396, 08/07/2009

LEAD(s) :

Set Lead 1: (Action)

CHARLOTTE

AT CHARLOTTE, NC

Ensure that all gaps in employments/residences are addressed and that applicant provides employments/residences information back to his 18th birthday. Set appropriate leads.

Conduct NCIC check on applicant.

Conduct DMV check on applicant.

Conduct indices/arrest on the applicant.

Conduct indices on the applicant's spouse.

Conduct spouse interview (if applicable).

Conduct indices on listed references.

Obtain from the applicant the frequency and method of contact with the interpreter, [REDACTED] and be sure to include the date of last contact. Also obtain [REDACTED] current address and employer, if possible.

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Set Lead 2: (Action)

ANCHORAGE

AT ANCHORAGE, AK

Verify birth.

Set Lead 3: (Action)

ATLANTA

AT ATLANTA, GA

Conduct indices on the applicant.

Set Lead 4: (Action)

COLUMBIA

To: Security From: Security
Re: 67B-HQ-1600396, 08/07/2009

AT COLUMBIA, SC

Conduct indices/arrests on the applicant.

Set Lead 5: (Action)

CHICAGO

AT CHICAGO, IL

Conduct indices on the applicant former roommate.

Set Lead 6: (Action)

DENVER

AT DENVER, CO

Conduct indices on the applicant's listed reference.

Conduct indices on the applicant's



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Set Lead 7: (Action)

INDIANAPOLIS

AT INDIANAPOLIS, IN

Attempt to review the applicant's Official Military
Personnel File.

Set Lead 8: (Action)

PITTSBURGH

AT PITTSBURGH, PA

Conduct indices on the applicant's listed relatives.

Set Lead 9: (Action)

ST. LOUIS

AT ST LOUIS, MO

Attempt to review the applicant's Official Military
Personnel File.

To: Security From: Security
Re: 67B-HQ-1600396, 08/07/2009

Set Lead 10: (Action)

SAN ANTONIO

AT SAN ANTONIO, CA

Conduct indices/arrests on the applicant.

Set Lead 11: (Action)

SEATTLE

AT SEATTLE, WA

Conduct indices/arrests on the applicant.

Verify education at Washington State University and Gov. John R. Rogers High School.

Conduct indices on the applicant's listed reference.

Conduct indices on the applicant's listed relatives.

Set Lead 12: (Action)

WASHINGTON FIELD

AT WASHINGTON, DC

Verify applicant's application with the US Secret Service.

Set Lead 13: (Action)

SECURITY

AT BICS, VIENNA, VA

Verify all employments within past 7 years. Review personnel files, on-site military and/or Federal civilian records within scope, and Internal Affairs files (if applicable), interview supervisors, coworkers, and subordinates (if applicable). ***CONTACT APPLICANT FIRST BEFORE CONDUCTING CURRENT EMPLOYMENT(S).**

Verify residences for the past 3 years. Interview neighbors, and cotenants/resident verifiers (if applicable); check landlord/rental records as appropriate.

Verify unemployment periods over 30 days in length; verify through non-relatives. Independently verify through references or

To: Security From: Sécurité
Re: 67B-HQ-1600396, 08/07/2009

professional associates and determine applicant's activities during this period (seeking employment, studying for bar, etc).

Interview listed references and former roommates.

Conduct DMV check.

Conduct local arrest checks on the applicant in all localities listed above.

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CIVIL APPLICANT RESPONSE

ICN ISIS0002000012572134

CIDN

OCA 67B-HQ-1600396

SHURER, RONALD J II

W 506 1978/12/07

MNU

SOC 175 60 0118 SEX M

FPC

HENRY CLASS

API

NCFBICE00 FBI

DATE FP

CHARLOTTE NC

2009/07/14

A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS REVEALED NO PRIOR ARREST
DATA.

CJIS DIVISION

2009/07/26

FEDERAL BUREAU OF INVESTIGATION

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NCFBICE00
SPECIAL AGENT IN CHARGE
FEDERAL BUREAU INVEST
STE 900
400 S TRYON ST
CHARLOTTE, NC 28285

TRIBUREAU MERGED EMPLOYMENT CREDIT REPORT

Report Results	TU	XPN	EFX
Requested	1	1	1
Returned	1	1	1

Personal Information Since 04/01/00 FAD 07/24/09			
		Reported	Bur
Name	SHURER, RONALD J II		TU,XPN
Name	SHURER, RONALD J JR		EFX
Name	SHURER, RONALD J		XPN
SSN	175-60-0118		EFX,TU,XPN
Inquiry SSN	175-60-0118		EFX,TU,XPN
Address	105 OGLETOWN CT, HOLLY SPRINGS, NC 27540	06/09	EFX,XPN,TU
Address	495 PAUL HARDIN DR, CHAPEL HILL, NC 27514	06/09	EFX,XPN,TU
Address	PO BOX 72157, FORT BRAGG, NC 28307	06/09	EFX,XPN
Address	72157 PO BOX 72157, FORT BRAGG, NC 28307	10/31/04	TU

Consumer Narrative

(EFX) Reported: 07/09

EMPLOYER: BEFORE TAKING ADVERSE ACTION IN AN EMPLOYMENT DECISION BASED ON A PERSONA REPORT, THE FCRA REQUIRES YOU TO PROVIDE THE CONSUMER WITH A COPY OF THE CONSUMER REPORT, ALONG WITH A WRITTEN DESCRIPTION OF THE CONSUMER'S RIGHTS UNDER THE FCRA EQUIFAX HAS PROVIDED YOUR COMPANY WITH COPIES OF THE CONSUMER'S RIGHTS STATEMENTS FOR THIS PURPOSE.

(XPN) Reported: 07/09

USER ACKNOWLEDGES RECEIPT OF A COPY OF THE SUMMARY OF THE CONSUMER'S RIGHTS PRESCRIBED BY THE FEDERAL TRADE COMMISSION UNDER SECTION 609 (c) (3) OF THE FCRA ("CONSUMER'S RIGHTS"). BY ACCEPTING THIS REPORT, THE USER HEREBY CERTIFIES AND CONFIRMS THAT HE OR SHE WILL ATTACH A COPY OF THE CONSUMER'S RIGHTS TO THE REPORT AS REQUIRED BY SECTION 604 (b) (1) (B) OF THE FCRA.

Messages

(XPN) 0092 REQUESTED PRODUCT OPTION NOT ALLOWED

(TU)

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

PARA INFORMACION EN ESPANOL, VISITE WWW.FTC.GOV/CREDIT O ESCRIBE A LA FTC CONSUMER RESPONSE CENTER, ROOM 130-A 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GO TO WWW.FTC.GOV/CREDIT OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

- YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES A CREDIT REPORT OR ANOTHER TYPE OF CONSUMER REPORT TO DENY YOUR APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT - OR TO TAKE ANOTHER ADVERSE ACTION AGAINST YOU - MUST TELL YOU, AND MUST GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.

- YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE. YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR "FILE DISCLOSURE"). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF:

- A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF INFORMATION IN YOUR CREDIT REPORT;
 - YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE;
 - YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD;
 - YOU ARE ON PUBLIC ASSISTANCE;
 - YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.
- IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE WWW.FTC.GOV/CREDIT FOR ADDITIONAL INFORMATION.
- YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE. CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON INFORMATION FROM CREDIT BUREAUS.
- YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FREE FROM THE MORTGAGE LENDER.
- YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION. IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENCY MUST INVESTIGATE UNLESS YOUR DISPUTE IS FRIVOLOUS. SEE WWW.FTC.GOV/CREDIT FOR AN EXPLANATION OF DISPUTE PROCEDURES.
- CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE, OR UNVERIFIABLE INFORMATION. INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, THE CONSUMER REPORTING AGENCY IS NOT REQUIRED TO REMOVE ACCURATE DEROGATORY INFORMATION FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. A CONSUMER REPORTING AGENCY MAY CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.
- CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION. IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS OLD.
- ACCESS TO YOUR FILE IS LIMITED. A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A VALID NEED -- USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH A VALID NEED FOR ACCESS.
- YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS. A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY. FOR MORE INFORMATION, GO TO WWW.FTC.GOV/CREDIT.
- YOU MAY LIMIT "PRESCREENED" OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON INFORMATION IN YOUR CREDIT REPORT. UNSOLICITED "PRESCREENED" OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-567-8688.
- YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.
- IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS. FOR MORE INFORMATION, VISIT WWW.FTC.GOV/CREDIT.

STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR STATE ATTORNEY GENERAL.

THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:

CONSUMER REPORTING AGENCIES, FEDERAL TRADE COMMISSION CREDITORS, AND OTHERS NOT LISTED
CONSUMER RESPONSE CENTER - FCRA BELOW WASHINGTON, DC 20580 1-877-382-4357

NATIONAL BANKS, FEDERAL BRANCHES/ OFFICE OF THE COMPTROLLER OF THE CURRENCY AGENCIES OF
FOREIGN BANKS (WORD COMPLIANCE MANAGEMENT, MAIL STOP 6-6 "NATIONAL" OR INITIALS "N.A."
WASHINGTON, DC 20219 APPEAR IN OR AFTER BANK'S NAME) 800-613-6743

FEDERAL RESERVE SYSTEM MEMBER BANKS FEDERAL RESERVE BOARD (EXCEPT NATIONAL BANKS, AND
FEDERAL DIVISION OF CONSUMER & COMMUNITY AFFAIRS BRANCHES/AGENCIES OF FOREIGN WASHINGTON,
DC 20551 BANKS) 202-452-3693

SAVINGS ASSOCIATIONS AND FEDERALLY OFFICE OF THRIFT SUPERVISION CHARTERED SAVINGS BANKS
(WORD CONSUMER COMPLAINTS "FEDERAL" OR INITIALS "F.S.B." WASHINGTON, DC 20552 APPEAR IN FEDERAL
INSTITUTION'S 800-842-6929 NAME)

FEDERAL CREDIT UNIONS (WORDS NATIONAL CREDIT UNION ADMINISTRATION "FEDERAL CREDIT UNION"
APPEAR IN 1775 DUKE STREET INSTITUTION'S NAME) ALEXANDRIA, VA 22314 703-519-4600

STATE-CHARTERED BANKS THAT ARE NOT FEDERAL DEPOSIT INSURANCE CORPORATION MEMBERS OF THE
FEDERAL RESERVE CONSUMER RESPONSE CENTER, SYSTEM 2345 GRAND AVENUE, SUITE 100 KANSAS CITY,
MISSOURI 64108-2638 877-275-3342

AIR, SURFACE, OR RAIL COMMON DEPARTMENT OF TRANSPORTATION CARRIERS REGULATED BY FORMER
CIVIL OFFICE OF FINANCIAL MANAGEMENT AERONAUTICS BOARD OR INTERSTATE WASHINGTON, DC 20590
COMMERCE COMMISSION 202-366-1306

ACTIVITIES SUBJECT TO THE PACKERS DEPARTMENT OF AGRICULTURE AND STOCKYARDS ACT, 1921 OFFICE
OF DEPUTY ADMINISTRATOR - GIPSA WASHINGTON, DC 20250 202-720-7051#BR#

Trans Union Add-On Products Summary

Product: LOOK

Status: Requested product delivered

Credit Summary

Trades	4	Curr Accts	4	Revolving	2	30	0	Hist 30	0
Public Recs	0	Derogs	0	Installments	2	60	0	Hist 60	0
Collections	0	Open Trades	2	Mortgages	0	90	0	Hist 90	0
Inquiries	14	CLSD Trades	2	Other	0	120	0		

Type	High	Limit	Balance	Past Due	Payment	%Avail
Revolving	\$2,476	\$8,000	\$530	\$0	\$10	93%
Installment	\$24,875	\$24,875	\$14,529	\$0	\$469	-
Mortgage	\$0	\$0	\$0	\$0	\$0	-
Other	\$0	\$0	\$0	\$0	\$0	-
Totals	\$27,351	\$32,875	\$15,059	\$0	\$479	-

Revolving Accounts

				Current Status			Hist Status				
Acc Name/Address	RPTD	OPND	High	Pmt	Bal	PastDue	Mths	30	60	90	Rating

	DLA LSTPD	CLSD/PD EOCA	Limit	Term	Date			
AMEX P.O. BOX 981537 EL PASO, TX 79998 (800) 874-2717 Subcode: B 021WB001 Subcode: 402BB48257 Subcode: BC1229200 Bur: TU,EFX,XPN Subj: Shurer, Ronald J Loan: CC Credit Card	07/09 07/09	07/05 Individual	\$2,476 \$8,000	\$10 Est. REV	\$530	\$0	46 00 00 00	R1
							111111111111 111111111111	
DISCOVER FIN POB 15316 WILMINGTON, DE 19850 Subcode: B 09616003 Subcode: 155BB03747 Subcode: BC3276502 Bur: TU,EFX,XPN Subj: Shurer, Ronald J Loan: CC Credit Card Remarks: CBC Account closed by consumer	06/08 07/07 07/07	04/00 06/08C Individual	\$1,168 \$2,800	REV	\$0	\$0	48 00 00 00	R1
							111111111111 111111111111	
Revolving Totals				\$10	\$530	\$0		

Installment Accounts

				Current Status			Hist Status				
Acc Name/Address	RPTD DLA LSTPD	OPND CLSD/PD EOCA	Orig	Pmt Term	Bal Date	PastDue	Mths	30	60	90	Rating
BB&T P O BOX 1847 WILSON, NC 27894 Subcode: B 0295S003 Subcode: 456BB00825 Subcode: BB1199117 Bur: TU,EFX,XPN Subj: Shurer, Ronald J Loan: AU Automobile	06/09 06/09 06/09	05/08 Joint	\$24,875	\$469 61M	\$14,529	\$0	12	00	00	00	I1
							111111111111				
BK OF AMER FL9-600-02-15 9000 SOUTHSIDE BLV JACKSONVILLE, FL 32256 (800) 215-6195 Subcode: B 06331205 Subcode: 217BB02183 Subcode: BB1198830 Bur: TU,EFX,XPN Subj: Shurer, Ronald J Loan: AU Automobile Remarks: CLO Closed	02/07 02/07 02/07	10/04 02/07C Individual	\$24,110	\$430 72M	\$0	\$0	28	00	00	00	I1
							111111111111 111111111111				
Installment Totals				\$469	\$14,529	\$0					

Inquiries

Date	Name Acct#	Subscriber	Inq/Loan	Bureau
07/24/09	DPT OF JUSTI 935 PENNSYLVANIA A ROOM 4246 WASHINGTON, DC 20535 (508) 788-6660	VBT02938334 (NEN)	Inq: Individual Loan: Employment	TU - Shurer, Ronald J
05/29/08	FA CREDCO	181ZB02007		EFX - Shurer, Ronald J JR
05/26/08	CREDCO	181ZB01801		EFX - Shurer, Ronald J JR
04/22/09	ARMYFTBRAG BLDG 0-1900, LAMONT ROAD KEN VERMILYA(H92236-09-F-5067) FORT BRAGG, NC 28307 (910) 396-0900	456VF00956		EFX - Shurer, Ronald J JR
03/04/09	DRUGENFOR 75 SPRING STREET SW ROOM 800 PO # DJDEA-AT-07-0190 ATLANTA, GA 30303 (404) 893-7212	401VF02362		EFX - Shurer, Ronald J JR
03/03/09	ARMYFTBRAG BLDG 0-1900, LAMONT ROAD KEN VERMILYA(H92236-09-F-5067) FORT BRAGG, NC 28307 (910) 396-0900	456VF00956		EFX - Shurer, Ronald J JR
07/21/08	FIRST USA 201 N.WALNUT STREET WILMINGTON, DE 19801 (800) 677-7101	458ON07296		EFX - Shurer, Ronald J JR
06/04/08	BB&T 101 S ELM ST NUMBER GREENSBORO, NC 27402 (336) 733-7821	309BB01144		EFX - Shurer, Ronald J JR
05/26/08	SUN TRUST 1001 SEMMES AVE RICHMOND, VA 23224	484BB03452		EFX - Shurer, Ronald J JR
05/26/08	BK OF AMER 4161 PIEDMONT PKWY NC4-105-03-28 GREENSBORO, NC 27410 (800) 215-6195	815BB54574		EFX - Shurer, Ronald J JR
05/26/08	CHRYSLRFIN 301 MCCULLOUGH DR CHARLOTTE, NC 28262 (704) 510-2300	805FF68256		EFX - Shurer, Ronald J JR
05/26/08	CHASE 4915 INDEPENDENCE PARKWAY TAMPA, FL 33634 (800) 999-6564	285BB03535		EFX - Shurer, Ronald J JR
05/20/08	USAA SB 3773 HOWARD HUGHES PKWY #190N LAS VEGAS, NV 89109	650ON10331		EFX - Shurer, Ronald J JR
06/03/08	FIRST USA,NA	BC1203600		XPN - Shurer, Ronald J II

Trans Union Referral:
TRANSUNION

Equifax Referral:
EQUIFAX INFORMATION SERVICES LLC

Experian Referral:
EXPERIAN

2 BALDWIN PLACE, P.O. BOX 1000
CHESTER, PA 19022
(800) 888-4213

P O BOX 740241
ATLANTA /GA 303740241
(800) 685-1111

701 EXPERIAN PARKWAY
PO BOX 2002
ALLEN, TX 75013
(888) 397-3742

END OF REPORT

Name Check Results

CJIS Form

Gray Sh

 Page 1 of 1

Name

CIDN

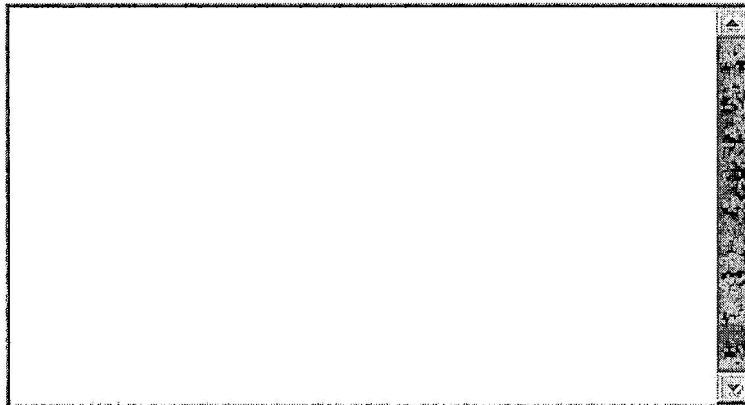
EXT

Run Date

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SHURER, RONALD JOSEPH
SHURER, RONALD JOSEPH

Results:




7/23/2009

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IDENT CHECK

**IDENTIFICATION SERVICES UNIT
EXPEDITE SERVICE
MODULE E-2
WEST VIRGINIA**

FROM: SACU

SUBJECT: SHURER, RONALD J FILE #: 67B-HQ-1600396 BUDED: 7/29/2009

THE BUREAU IS CONDUCTING A BACKGROUND INVESTIGATION ON THE ABOVE-CAPTIONED SUBJECT, WHO IS BEING CONSIDERED FOR A POSITION WITH THE FBI. SACU REQUESTS A NAME SEARCH ON THE SUBJECT AND THE SUBJECT'S ASSOCIATES, AS IDENTIFIED BELOW. PLEASE RETURN RESULTS OF YOUR CHECK TO THE INDIVIDUAL IDENTIFIED BELOW VIA A ROUTING SLIP MARKED 'URGENT'.

SUBJECT IS DESCRIBED AS FOLLOWS:

NAME: SHURER, RONALD J

AKA:

DOB:

POB:

SSAN: 175-60-0118

CURRENT ADDRESS:

EMPLOYMENT:

RESULTS

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>DATE OF BIRTH</u>	<u>GENDER</u>	<u>RACE</u>	<u>PLACE OF BIRTH</u>
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SHURER	RONALD	JOSEPH	12/07/1978	M	U	AK
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CHECK REQUESTED BY: (SecD) (FBI) ON: 7/23/2009 11:34:00 AM.

RETURN RESULTS TO: (SecD) (FBI)

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7/23/2009

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Security Investigation Personnel Security Interview (PSI) Form

This is a form for the interviewer. It should be written clearly or typed by the interviewer. It is not to be filled out by the applicant. Please include addendum pages if necessary and title the pages appropriately under the section and question that required the addendum. This document will be used to set leads. If it is not legible, it can caused unnecessary delays in processing.

Interview Date: 07/07/09 Start Time: 10:00AM

Interviewee Classification: ☒ Agent ☐ Support

Advise Interviewee:

The purpose of the PSI is to review and finalize your SF-86 as part of a Personnel Security Investigation for employment with the FBI. Prior to beginning this interview, please provide all copies that you were requested to bring, i.e., professional certifications, drivers license, any past or current foreign issued passports, U.S. passports, proof of payments to address any financial delinquencies, DD-214, etc. (Interviewer should obtain these from the applicant to ensure a thorough interview and if necessary follow up information for lead purposes)

Any issues regarding habits or experiences that concern you should be discussed during this interview to assure successful completion of the investigation. Candor and forthrightness are significant considerations during the application process. Lack of candor may disqualify you from employment. Holding back or refraining from discussing any issues of concern can negatively impact the results of your investigation. Concealed matters in your life could be the basis for coercion, attempted pressure or influence. The scope of this background investigation covers the period from your 18th birthday to the present. If you had any employment or traffic violations or arrests prior to your 18th birthday, you must include that information as well.

A. Interviewee Information

File Number: <u>67B-HQ-1600396</u>	
Name: <u>Ronald Shurer</u>	AKA(s):
POB: <u>Fairbanks, AK</u>	SSAN: <u>175-60-0118</u>
Driver's License#: <u>3294882</u>	
Expiration Date: <u>12/07/2017</u>	
State: <u>NC</u>	

Cellular# or Best Contact#: <u>910-728-1818</u>
--

B. Citizenship

(If applicable, obtain responses. - Obtain any passports from applicant in order to make copies. Failure to do so will result in processing delays.)

Do you have U.S. Passport? (Interviewer must obtain copies of all pages) <i>yes</i>	Number:
Do you have now or have you ever had a foreign Passport? (Interviewer must obtain copies of all pages) <i>no</i>	Number:
Obtain details of all foreign travel by applicant if travel documented on foreign passport. Verify travel on foreign passport. (Interviewer must obtain copies of all pages)	Obtain reason for applicant travel on a foreign passport.
Do you plan to return permanently to your birth country at some point - e.g., to retire?	Response:
Address applicant's loyalty to the U.S. vs native country. Have they ever felt pressured to return to their native country?	Response:
Do you read magazines or newspapers from your home country? If so, to what extent? Occasionally buy from a vendor? Regularly buy from a vendor? Subscribe?	Response
Do you make it a point of keeping up with events in your home country?	Response:
Do you read émigré publications published in the U.S.?	Response:
Have applicant comment on his/her motivation for seeking employment with the FBI.	Response:
When you socialize, is it mostly with others from your native country or region? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you speak your native language at home?	

Are the bulk of your cultural and recreational activities(e.g., the TV programs you watch, the books and magazines you read, the games you play, the activities you participate in, the restaurants you go to) based in English or in your native tongue?

Are you registered to vote in any country other than the U.S.? If yes, what country?

C. Education

Is info on the SF-86 ("Where you went to school") correct? Include all education to include universities that you were registered for credit hours from even though you did not graduate from that institution. ☐ No ☒ Yes

Was any disciplinary action taken against you while you were in school or were you dismissed or suspended from school for academic reasons? ☒ No ☐ Yes If so, provide details:

Did you receive any education/training in a foreign country? If so provide details, to include purpose of training/education, when and where. Be specific.

NO

D. Employment

Has any or the following happened to you? If applicant responds yes, obtain specific details of circumstances.

Have you ever been fired from a job? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Quit a job after being told you would be fired? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Left a job by mutual agreement following allegations of misconduct/unsatisfactory performance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Left a job for other reasons under unfavorable circumstances? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Have you ever been denied any federal government employment? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:
Have you ever been the subject of any disciplinary action? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide circumstances*:

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<p>Have you ever failed a polygraph in connection with any employment or employment offer?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If so, provide circumstances: Month/Year, reason, and employer name and address should be included. Why do you believe you failed?</p>
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<p>Have you ever had or do you currently have a Security Clearance? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	<p>Level: <i>NOV. 2005 Secret (DOD)</i></p>
<p>Have you ever had a Security Clearance revoked or suspended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>If so, provide circumstances: Month/Year, reason, and employer name and address should be included.</p>

E. Clubs, Organizations, Activities

Do you participate in or are you affiliated with any clubs, associations, civic, social, or other groups? ☒ No ☒ Yes – If so, list below.

Organization	Address	Point of Contact	Telephone Number
<i>NRA</i>	<i>11250 Maple Mill Rd Fairfax, VA</i>		<i>1-800-672-3888</i>

Do you maintain membership in any organization that restricts membership based on race, sex, color, national origin, etc.? ☒ No ☐ Yes – If so, list below. (If necessary, provide attachment of additional information)

Organization	Address	Point of Contact	Telephone Number

F. Relatives and Associates

What is the citizenship of your immediate family? Has this been disclosed in SF-86? ☐ No ☒ Yes If no, list additional information. **This information is crucial and must be obtained. Failure to obtain will delay the processing of this applicant.**

Name and alias (maiden names in full if appropriate)	DOB & POB	Immigration Status/Alien Registration Number

(If necessary, provide attachment of additional information)

Do any of your immediate family members plan to return permanently to your birth country? ☐ No ☒ Yes - If so, provide additional information.

Do you or your spouse have any immediate relatives (parents, siblings, or children) or associates with whom you maintain regular contact (excluding those overseas on military duty and assignments) who are residing outside of the United States? ☐ No ☒ Yes
If so, provide the following information:

Name	Relationship	Address	Age Or DOB	Citizenship	Country of Residence	Dates in Country From To
*						

How is contact initiated? Letters, E-mails, Cards?

E-mail contact only 1 x 2 times a yr. See attached pg 1

(If necessary, provide attachment of additional information)

Other than those listed above, do you or your spouse have any immediate relatives (parents, siblings, children) or close friends who are not U.S. citizens? ☒ No ☐ Yes - If so, provide the following information:

Name	Address	Age Or DOB	Citizenship

(If necessary, provide attachment of additional information)

Other than official government business, have you had contact with any foreign nationals (residing in the U. S. or abroad), including those above, that you have not reported? ☒ No ☐ Yes - If so, why did you not report it?

(If necessary, provide attachment of additional information)

(If these do not apply, please indicate so and move on)

Exact Dates when applicant and family immigrated to U. S.

Did anyone visit the U. S. prior to immigrating to U. S.? Purpose of Visit? Dates? Provide sponsor's ID and relationship to applicant or family member.

What prompted you or your family to emigrate to the U. S.?	What prompted other family members to remain in the country from which you emigrated? (If applicable)
If applicant or spouse born abroad, obtain details on how they met.	Use this space to answer question to the left if needed or use additional papers as an addendum to this Section.
Obtain information about applicant or family members in foreign countries to include employment, affiliation with, support of, or participation in foreign governments, Communist Party or other political entity, interest groups or other organizations; military service, association of any type with a police, intelligence, or counterintelligence service; how and why family allowed to leave; were any of them interviewed by govt rep when leaving; any return trips to native country or other countries of prior residence in U.S., or plans to return in the future; any visits to the U.S. by relatives residing abroad and those relatives backgrounds:	Use this space to answer question to the left if needed or use additional paper as an addendum to this Section.

G. Roommates / Co-habitants

Have you listed all those who have resided with you for 30 days in the last five years? ☒ No ☐ Yes - If no, please list any additional roommates.

Co-habitant #1 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country or Citizenship: U.S.	Current address and telephone number (include business teleph):
DOB and POB:	

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Co-habitant #2 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country or Citizenship: U.S.	Current address and telephone number (include business teleph):

DOB and POB:	telephone number):
--------------	--------------------

Co-habitant #3 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

Co-habitant #4 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

Co-habitant #5 Name and aka:	Dates living with you: Mo/Yr to Mo/Yr
Country of Citizenship: DOB and POB:	Current address and telephone number (include business telephone number):

(If necessary, provide attachment of additional information)

H. Military Service

Has all Military Service (including National Guard and Reserves) been disclosed on SF-86? ☐ No ☒ Yes

If no, provide the following information:

Branch:	Unit:
Address:	Dates Served:
Point of Contact:	POC Telephone:
Did you receive any disciplinary actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, describe:
Do you now have or have you ever had a Security Clearance?	<input type="checkbox"/> No <input type="checkbox"/> Yes Level:

Have you ever had a security clearance revoked or suspended?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide details. Be specific.
Were you discharged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, was it Honorable? Provide details for any other type of discharge:

If posted overseas, where were you assigned?		List all official foreign travel and dates: (Attached addendum page if needed)
Did you have any foreign travel from that military posting to other countries that has not been previously disclosed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, list countries, dates of travel, reason for the travel, and traveling companions?

Was this travel disclosed to the Security Officer prior to the travel?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If no, please explain:
Did anything unusual occur that was reported to a Security Officer after the travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, please explain:
Did you have any contact with representatives of any foreign country or intelligence agency while on travel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:

(If necessary, provide attachment of additional information)

I. Foreign Activities

Have you ever owned any foreign property, business, bank accounts, investments or other assets in foreign countries? ☒ No ☐ Yes
If so, provide the following information regarding such assets:

Type of asset(s):	Details of ownership:
Value:	Length of time owned:
How acquired:	Current obligations:
Associated activities:	With whom must you interact?
Income generated:	Expected inheritance from ownership:
Have you ever been coerced or threatened by a foreign government regarding these assets? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, what did you do?	

(If necessary, provide attachment of additional information)

What would be your reaction be if a foreign national, organization or government attempted to take away or diminish your ownership, or to coerce or influence you by threats to do so?

(If necessary, provide attachment of additional information)

Please answer the following questions.

Have you or any family members been affiliated with, participated in, or supported any activities of any radical, militant, or terrorist groups?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any ties to foreign nationals or individuals residing in a foreign country who have engaged in criminal activity or activities known to be a threat to the interests of the United States or national security?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever provided any service, compensated or voluntary, or been employed by: (1) a foreign country; (2) any foreign nationals; (3) a representative of any foreign interest; (4) any foreign, domestic, or international organization or person engaged in analysis, discussion, or publication of material on intelligence, defense, foreign affairs, or protected technology; (5) or registered as an agent of a foreign government?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you had any contacts with U.S. or non-U.S. intelligence agencies or foreign police agencies? If yes, please describe:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Do you anticipate any such contacts in the future?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Have you or your immediate family ever had any non-official association developed with foreign nationals?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Have you ever been involved in any type of unlawful foreign money exchange or any other type of black market transaction, or has anyone ever approached you to do so?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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(If necessary, provide attachment of additional information)

J. Foreign Travel

Have you disclosed all traveled outside the U.S. on the SF-86? ☒ No ☐ Yes

If additional travel has occurred since filling out Sf-86, provide the following information:

Mo/Yr to Mo/Yr	Destination	Purpose
1998-2000	Canada	Short trips for recreational purposes
Did you have any contact with representatives of any foreign country or intelligence agency while on travel?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If so, describe:		
Did you have any unusual contacts with foreign nationals?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If so, describe:		

Were there any other unusual occurrences?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
Do you anticipate any foreign travel in the next few months?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, applicant should be advised a second Personnel Security Interview will be required upon his/her return.

(If necessary, provide attachment of additional information)

K. Medical Record

Have you ever received any type of psychiatric or psychological counseling or treatment, to include marital counseling? ☒ No ☐ Yes – If so, provide the following information:

For each therapist or doctor provided above, describe the type of mental health professional:

☐ Don't know ☐ Psychiatrist ☐ Psychologist ☐ Social Worker ☐ Other

Specify Reason for Visit	Name / Telephone Number /Address of Therapist or Doctor	Type of Mental Health Professional	Frequency of Visits	Mo/Yr to Mo/Yr
1.				

What did your therapy consist of? Results?

Were you prescribed medication by your physician? ☐ No ☐ Yes – If so, provide specifics:

(Brand name examples: Abilify, Ambien, Celexa, Cymbalta, Depakote, Desyrel, Effexor, Geodon, Lamictal, Lexapro, Lithium, Luvox, Paxil, Prozac, Remeron, Risperdal, Seroquel, Serzone, Wellbutrin, Xanax, Zoloft, Zyprexa,

Other : _____)

Specify Reason for Visit	Name / Telephone Number /Address of Therapist or Doctor	Type of Mental Health Professional	Frequency of Visits	Mo/Yr to Mo/Yr

2.

What did your therapy consist of? Results?

Were you prescribed medication by your physician? ☐ No ☐ Yes – If so, provide specifics:

(Brand name examples: Abilify, Ambien, Celexa, Cymbalta, Depakote, Desyrel, Effexor, Geodon, Lamictal, Lexapro, Lithium, Luvox, Paxil, Prozac, Remeron, Risperdal, Seroquel, Serzone, Wellbutrin, Xanax, Zoloft, Zyprexa,

Other : _____

Please attached addendum if needed.

L. Police Record

Please disclose **all** moving traffic violations **regardless** of penalty amount.

Date	Violation	Where (county or city):	Law Enforcement Agency:	Disposition:

Have you ever committed a serious crime for which you have not been arrested or charged? ☒ No ☐ Yes – If so, provide details below. Be specific. Attach additional pages if necessary to obtain details.

Have you ever been charged or arrested for a crime? ☒ No ☐ Yes – If so, provide details below. Be specific.

Date	Violation	Where (county or city)	Law Enforcement Agency	Disposition

For each incident please provide details:
Attach additional pages as necessary

Have you ever been considered a subject/suspect in a criminal matter? ☒ No ☐ Yes – If so, provide details below. Be specific.

Date	Violation	Where (county or city):	Law Enforcement Authority	Disposition
Details of the incident(s): Attach additional pages as necessary				

Have you ever been involved in business or investment circumstances that could involve or have involved conflict of interest allegations? ☒ No ☐ Yes

–If so, provide details. Be specific:

(If necessary, provide attachment of additional information)

Have any members of your immediate family (to include spouse, parents, children, stepchildren, brothers or sisters) or roommates with whom you have resided during this investigation period, been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority within the investigative period? (Include traffic violations which were aggravated or excessive, resulted in arrest by local authorities; or when the use of alcohol or controlled substances was cited as part of the offense.)

☒ No ☐ Yes – If so, provide the following information:

Name of person charged:		Relationship:	Official Charge(s):	
Date charged:	Where (county or city):	Law Enforcement Agency	Disposition	
Details of the incident(s):				

(If necessary, provide attachment of additional information)

M. Alcohol/Drugs

1. Have you used marijuana/cannabis during the last three (3) years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
a) Have you ever used marijuana/cannabis?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If yes, complete questions on Illegal Drug Disclosure Form. (See ASIU web site.)

2. Have you used any illegal drugs(s) or combination of illegal drugs, other than marijuana, during the past ten (10) years?*	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
a) Have you ever used any illegal drugs(s) or combination of illegal drugs, other than marijuana?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If yes, complete questions on Illegal Drug Disclosure Form. (See ASIU web site.)

*(For the purpose of this question, the term "illegal drugs" includes the use of anabolic steroids after February 27, 1991, unless the steroids were prescribed by a physician for your use alone to alleviate a medical condition.)

3. Have you used any illegal drug while employed in any law enforcement or prosecutorial position?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If yes, explain and provide position title, employer, and dates employed in this capacity.
a) Have you used any illegal drug while employed in a position which carries with it a high level of responsibility or public trust or while holding a security clearance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If yes, explain and provide position title, level of security clearance, employer, and dates employed in this capacity.

4. Have you ever abused any over the counter products, sniffed gasoline, huffed aerosol products, abused nitrous oxide gas or helium, chewed khat (stimulant leaf) or sniffed paint/glue?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If so, explain.
---	---

5. Have you ever been involved in the purchase, manufacture, trafficking, production, transfer, shipping, distribution, receiving or sale of illegal drugs?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If so, provide details below as to what type, when, amount, where – public or private, how did you obtain the drugs, who else knows of the drug use, purchase, manufacture, trafficking, transfer, shipping, distribution, receiving or sale of illegal drugs?
---	--

Type of Drug	Frequency	Amount	Mo/Yr to Mo/Yr	Circumstances

(If necessary, provide attachment of additional information)

6. Have you ever used over-the-counter (OTC) or prescription drugs in a manner not consistent with the directions or medical guidance given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If so, explain below:
--	---

Type of OTC/ prescription drug	Frequency	Mo/Yr to Mo/Yr	Circumstances

--	--	--

7. Have you ever abused: alcohol?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
8. Have you ever received counseling/rehabilitation for drug/alcohol abuse?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

9. Describe your drinking habits below: <i>1 x a month 2 glasses</i>	
a) Frequency/Amount: Beer? <u>Wine?</u> Hard Liquor? Other?	
b) Has your drinking ever caused any problems at work?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If so, explain:
c) Has your drinking ever caused any problem outside of work?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If so, explain:
d) Have you ever been treated for alcohol abuse or been told you need to cut back on your consumption?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – If yes, explain:

N. Finances

Are you aware that a credit report will be run on you as part of your investigation? ☐ No ☒ Yes

Are you current on all debts? ☐ No ☒ Yes - If not, provide the following information on your delinquent accounts.

Creditor	Account Number	Amount Delinquent
		\$
		\$
		\$
		\$
		\$
		\$
How did the account(s) become delinquent?		
What is being done to correct the matter?		
Applicant should be advised - Copies of any documents showing proof of payment or efforts to remedy delinquent accounts will be necessary. Ask applicant to obtain these documents and provide to Applicant coordinator or HRA to avoid delays in processing.		

(If necessary, provide attachment of additional information)

During the investigative period:

Have you defaulted on any loans?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been turned down for a loan?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you issued any bad checks?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you failed to file any Federal, State or Local income tax?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Are you delinquent on any Federal, State or Local income tax?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been sued for nonpayment of debt, alimony or child support?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Are you delinquent on payment of alimony or child support?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you been involved in any unlawful financial practice (embezzlement, etc.)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you declared bankruptcy?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you ever had debt placed for collection?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain: <i>See pg attached</i>
Have you ever had your wages garnished?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Are any debts owed in a foreign country?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, provide details:
<p>If any questions above are answered 'Yes', provide any additional details, release forms (if necessary), the circumstances which led to the difficulty, and what attempts were made to resolve the debt(s), including repayment arrangements. Be specific. Failure to provided details could result in delayed processing.</p>		

(If necessary, provide attachment of additional information)

O. Public Record Civil Court Actions

Have you been a party to any public record civil court actions to include divorces?
☒ No ☐ Yes - If so, provide details:

--

(If necessary, provide attachment of additional information)

P. Allegiance

Are there any circumstances in which your beliefs or obligations would make it difficult to comply with DOJ or FBI regulations?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Have you ever been involved in activities that might be construed as subversive, violent or terrorist in nature?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:

	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have any obligations or connections to a foreign person, group, business or country?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Do you maintain regular contact with foreign nationals through e-mail, chat-rooms, telephone, postal mail, or any other method?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If so, detail: <i>See pg. 5</i>
To the best of your knowledge, have you or any members of your immediate family or roommates ever committed or attempted to commit, or aided or abetted another who committed or attempted to commit an act of sabotage, espionage, treason or sedition against the United States?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
To the best of your knowledge, have you or any members of your immediate family or roommates ever publicly or privately advocated the overthrow of the Government of the United States by unconstitutional means?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Other than when on official business, to the best of your knowledge have you or any members of your immediate family or roommates ever knowingly established an association with individuals whom you have reason to believe may be suspected of espionage or sabotage?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:
Other than when on official business, to the best of your knowledge have you or any members of your immediate family or roommates ever knowingly established an association with representatives of foreign nations, interest groups, terrorist organizations or militia groups whom you have reason to believe may be hostile to the interests of the United States or United States Government?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, detail:

(If necessary, provide attachment of additional information)

Q. Personal Conduct

Your responses will be validated during the background investigation

Is there anything in your background or activities that someone might use to coerce or blackmail you?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
Is there anything in your background or conduct that could raise questions about your trustworthiness or reliability?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:
If you are coming from a law enforcement background, are you aware of any Giglio? <i>N/A</i>		

Security Investigation PSI Form
January 2007
FBI Security Division

issues (Derogatory information that would necessitate disclosure to defense counsel) that may affect your ability to testify?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Are you aware of any personal conduct, now or in the past, which could cause unfavorable notoriety or embarrassment to the Federal government?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, explain:

(If necessary, provide attachment of additional information)

R. Conclusion

Is there anything we haven't discussed that you feel may be important to your investigation?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If so, describe:
--	---	------------------

(If necessary, provide attachment of additional information)

Please review your SF-86 for accuracy one last time before we submit it for your background investigation.

"Thank you for your time"

Print name of Interviewer

Interview End Time: 10:50 AM

Signature of Interviewer

Date: 07/07/2009

b6
b7C

①

67B- HQ- 1600396

Ronald Shurer

- Page 5 foreign

Shurer's contact in Afghanistan was his interpreter. Shurer advised that has been approved in a program to come to the U.S. to relocate.

- Need e-mail addresses
of Aggenistas. Pg. 5

- 2nd Co-hab pg 6 & 7

[redacted] as of 07/10/09, I still
did not have info above from
Shurer.

[redacted]

b6
b7C

FEDERAL BUREAU OF INVESTIGATION
POLYGRAPH REPORT

POLYGRAPH RESULTS

FOR FBIHQ USE ONLY

REVIEWED BY: [REDACTED]

DATE: 07/15/2009

Date of Report 07/14/2009	Date of Examination 07/14/2009	Case ID # 67B-HQ-1600396 -3	Examiner's Name (Last, First) [REDACTED]	k6
Field Office/Agency Requesting Examination FBIHQ		Authorizing Official Director, FBI	Date Authorized 03/01/1994	b6 b7C
Examinee's Name (Last, First, Middle) Shurer, Ronald, Joseph II			Date of Birth (mm/dd/yyyy) 12/07/1978	SSN (xxx-xx-xxxx) 175-60-0118 b7E

Case Title:
RONALD JOSEPH SHURER II
BUAP-SPECIAL AGENT
PRE-EMPLOYMENT POLYGRAPH EXAMINATION

Case/Examination Synopsis:
This applicant is seeking employment with the FBI as a Special Agent and has agreed to undergo polygraph testing as part of the application process.
This test focused on issues relating to [REDACTED]

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b7E

Applicant was given the polygraph examination, consisting of the following relevant questions:

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The results of this examination are located in the header of this report.

CONTINUE
INITIAL
CODE:

CONTINUE
DATE: 7/17/09

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FEDERAL BUREAU OF INVESTIGATION
CONSENT TO INTERVIEW WITH POLYGRAPH

INTERVIEW TYPE

☐ General ☐ Employee - Administrative ☒ Applicant ☐ Employee ☐ Task Force Member

LOCATION

Place:
FBI CHARLOTTE

Date:
7/14/2009

Time:

k6
b7E

WAIVER AND CONSENT

I understand that I am being requested to submit to an interview and undergo a polygraph examination regarding information I have provided in my application for employment or in interviews relating to my suitability for employment or my eligibility for a security clearance. The polygraph examination will consist of the polygraph and, as needed, a post-polygraph interview.

I further understand that the results of the examination, my refusal to undergo a polygraph examination, or my failure to cooperate during a polygraph examination will be considered along with other factors in evaluating my suitability for employment or my eligibility for a security clearance.

I understand that, should deception be indicated during the course of this examination, I will not be eligible for further consideration for the position for which I am applying. (Any FBI employee found to be deceptive during a polygraph examination for the Special Agent position will be referred to the Inspection Division for appropriate inquiry.)

I understand that any information I provide which indicates a potential violation of a civil or criminal law or regulation may be disclosed to any Federal, State, or local agency responsible for investigating or prosecuting such violations. I hereby voluntarily consent to any such disclosures.

I understand that I am not in custody, that my participation in the polygraph examination is voluntary, and that I may leave at anytime.

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Signed: 

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b7C

(Examiner)

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #6036895

ARCHIVAL COPY - RETAIN FOR YOUR RECORDS

The information contained in this document represents data submitted by **Ronald Joseph Shurer II** (Applicant) for the **e-QIP Investigation Request #6036895**. Applicant certified the accuracy of this information at **2009-06-28 12:43:35.357**.

This Investigation Request contains the following documents:

Page 1: Investigation Request Cover Sheet

Page 2-63: Questionnaire for National Security Positions (SF86 Format)

Note: To conserve paper only the first entry in multiple-entry lists displays completion instructions. The completion instructions for the first entry also applies to each additional entry unless otherwise noted.

Certified at 2009-06-28 12:43:35.357

Data Hash Code:

67B-HQ-1600396
PRIVACY ACT INFORMATION

b6
b7C
b7E

7/14/11



Form Completion Instructions

Instructions Provided By Your Agency

please complete the sf86 back to your 18th birthday for employment, education and residence. Provide the dob and pob for your references.

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Follow instructions fully or we cannot process your form. If you have any questions, contact the office that gave you the form.

Purpose of this Form

The United States (U.S.) Government conducts background investigations and reinvestigations of persons under consideration for or retention in national security positions as defined in 5 CFR 732 and for positions requiring access to classified information under Executive Order 12968.

Giving us this information is voluntary. If you do not provide each item of requested information, however, we will not be able to complete your investigation, which will adversely affect your eligibility for a national security position. Any information that you provide is evaluated on the basis of its recency, seriousness, relevance to the position and duties, and consistency with all other information about you.

Withholding, misrepresenting, or falsifying information will have an impact on a security clearance, employment prospects, or job status, up to and including denial or revocation of your security clearance, or your removal and debarment from Federal Service.

This form is a permanent document that may be used as the basis for future investigations, security clearance determinations, and determinations of your suitability for employment. Your responses to this form may be compared with previous security questionnaires. It is imperative that the information provided be true and accurate to the best of your knowledge.

Authority to Request this Information

Depending upon the purpose of your investigation, the U.S. Government is authorized to ask for this information under Executive Orders 10450, 10865, 12333, and 12968; sections 3301, 3302, and 9101 of title 5, U.S. Code (U.S.C.); sections 2165 and 2201 of title 42, U.S.C.; chapter 23 of title 50, U.S.C.; and parts 2, 5, 731, 732, and 736 of title 5, Code of Federal Regulations.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

The Investigative Process

Background investigations for national security positions are conducted to gather information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the U.S. The information that you provide on this form may be confirmed during the investigation. The investigation may extend beyond the time covered by this form when necessary to resolve issues. Your current employer may be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want your current employer to be contacted.

In addition to the questions on this form, inquiry also is made about your adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal. Checks of Federal agency records may be made about your spouse or other cohabitant.

Your Personal Interview

Some investigations will include an interview with you as a routine part of the investigative process. The investigator may ask you to explain your answers to any question on this form. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

For the interview, you will be asked to bring identification with your picture on it, such as a valid state driver's license. There are other documents you may be asked to bring to verify your identity as well. These may include documentation of any legal name change, Social Security card, passport, and/or your birth certificate.

You may also be asked to bring documents about information you provided on the form or about other matters requiring specific attention. These matters include (a) alien registration or naturalization documentation; (b) delinquent loans or taxes, bankruptcies, judgments, liens, or other financial obligations; (c) agreements involving child custody or support, alimony, or property settlements; (d) arrests, convictions, probation, and/or parole; or (e) other matters described in court records.

Special Instructions for Completing this Form

Questions on this form related to residence, employment and education will require 7 years of information except that Single-Scope Background Investigations (SSBI) will require 10 years of information.

Provide 7 years of information unless you have been instructed to provide 10 years to satisfy SSBI requirements. If you are unsure as to the amount of information to provide, contact the office that gave you this form.

The instructions for these questions specify a 10-year time frame when an SSBI is required. If you have any questions about this investigative request or whether the 7-year time frame or the 10-year time frame applies to your responses to these questions, contact the office that gave you this form.

Instructions for Completing this Form

1. Follow the instructions given to you by the office that gave you this form and any other clarifying instructions furnished by that office to assist you in completion of this form. You must sign and date, in ink, the original and each copy you submit. **You should retain a copy of the completed form for your records.**

2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form by checking the associated "Not Applicable" box unless otherwise noted.

3. Do not abbreviate the names of cities or foreign countries. Whenever you are asked to supply a country name, you may select the country name by using the country list feature.

To use the country list feature, click on the "List" link beside the "Country" title to open a listing of country names in a separate window. Find the desired country name and use your web browser's "Copy" and "Paste" features to copy the country name into the "Country" text field. If the country name is not in the list, manually enter the country name into the "Country" text field.

When entering a U.S. address or location, select the state or territory from the "States" pull-down list. Selecting a state/territory implies "United States" as the country, so you do not need to enter it into the "Country" text field. For locations outside of the U.S. and its territories, enter the name of the country into the "Country" text field and leave the "State" field blank.

4. The 5-digit postal Zip Codes are needed to speed the processing of your investigation. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., be sure to include the area code.
6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use the pull down lists to select the month and day. The year should be entered as all four numbers, i.e., 1978 or 2001. If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by checking the "Est." box.

Final Determination on Your Eligibility

Final determination on your eligibility for a national security position is the responsibility of the Federal agency that requested your investigation. You will be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to 5 years of imprisonment. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement or security clearance are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give to us on this form and to make your comments part of the record.

DISCLOSURE INFORMATION

The information you give to us is for the purpose of investigating you for a national security position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency that requested the investigation and the agency that conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. The information on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)], and by routine uses published by the agency in the Federal Register. The office that gave you this form will provide you a copy of its routine uses.

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 23 and 27, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate

Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 U.S.C. 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to OPM Forms Officer, U.S. Office of Personnel Management, 1900 E Street N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Sections 1-7: Your Identifying Information

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE FOREGOING INSTRUCTIONS.

Section 1: Full Name

If you have only initials in your name, enter them and select Initial Only (IO). If you have no middle name, select No Middle Name (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

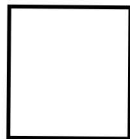
Full name

Last: Shurer First: Ronald Middle: Joseph Suffix: II

Section 2: Date of Birth

Date of birth

Month/Day/Year: 12/07/1978



BVS

b6
b7C

Section 3: Place of Birth

Place of birth

City: Fairbanks County: Fairbanks North Star State: AK Country:

Section 5: Other Names Used

Have you used any other names?

Yes: { } No: { **x** }

If "Yes," give other names used and the period of time you used them [for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)]. If the other name is your **maiden name**, check the "maiden name" box.

Other names used

(No Entry Provided)

Section 6: Mother's Maiden Name

Mother's maiden name

Last

b6
b7C

Section 7: Your Identifying Information

Height

(feet)

(inches)

Weight

Hair color:

Eye color:

Sex

67B-HQ-1600396

Female: ☐ Male: ☒

Section 8: Your Contact Information

Home e-mail address: ronald.shurer@gmail.com

Work e-mail address: N/A

Indicate when you can be reached at each phone number.

Home telephone

Number: N/A Time:

Work telephone

Number: N/A Time:

Mobile telephone

Number: 910-728-1878 Time: Both

Section 9: Citizenship

Mark the box that reflects your current citizenship status and follow its instructions.

Current citizenship status

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.: ☒

I am a U.S. citizen or national by birth, born outside the U.S. Go to 9A: ☐

I am a naturalized U.S. citizen. Go to 9B or 9C: ☐

I am not a U.S. citizen. Go to 9D: ☐

U.S. Passport

Current or most recent passport.

Passport number: 801965711

Date issued

Month/Day/Year: 01/06/2006

Expired?

Yes: ☐ No: ☒

Alien Registration Number

Alien registration number (Not Applicable: ☒):

Item 9A: Documentation of U.S. Citizens Born Abroad [State Department Form (FS) 240, DS 1350, FS 545, etc.]

Report information, if applicable.

Date form was completed
Month/Day/Year: ~/~/~

Document number:

Place of issuance
City: State: Country:

Item 9B: Citizenship Certificate

Where was this certificate issued?

Court:

Location
City: State:

Certificate number:

Date issued
Month/Day/Year: ~/~/~

Item 9C: Naturalization Certificate

Where was this certificate issued?

Court:

Location
City: State:

Certificate number:

Date issued
Month/Day/Year: ~/~/~

Item 9D: Immigration Status

Place you entered the U.S.

Location
City: State:

Date of entry
Month/Day/Year: ~/~/~

Type of document (I-94, etc.):

Document number:

Country(ies) of citizenship

(No Entry Provided)

Section 10: Citizenship Information

Do you now hold or have you EVER held multiple citizenships?

Yes: { } No: { x }

If you answered "Yes," provide responses for the following questions. If "No", go to Section 11.

Item 10A

Provide the name(s) of the country(ies).

Country(ies) of citizenship
(No Entry Provided)

Item 10B

During what periods of time did you hold multiple citizenships (month/year)?

Time periods

Item 10C

Is your non-U.S. citizenship based on your birth in a foreign country or the citizenship of your parents?

Yes: { } No: { }

If "No," explain.

Explanation

Item 10D

Have you renounced or attempted to renounce your foreign citizenship(s)?

Yes: { } No: { }

If "Yes," explain.

Explanation

Section 11: Where You Have Lived

List the places where you have lived, beginning with your present residence and working back 7 years (if an SSBI go back 10 years). **Residences for the entire 7 year period must be accounted for without breaks.** You may omit temporary military duty locations (TDY) under 90 days (list your address of record instead), but you must list other part-time residences. Do not list residences before your 18th birthday unless to provide a minimum of 2 years of residence history.

1. Provide the requested information about this place where you have lived.

Indicate the actual physical location of your residence. Do not use a Post Office Box as an address, and do not list a permanent address when you were actually living at a school address, etc. Be sure to be as specific as possible when listing an address location: for example, do not list only your base or ship, list your barracks number or home port.

Your actual physical location in addition to your APO/FPO address is required for overseas assignments.

For addresses in the last 3 years, if the address is "General Delivery," a Rural or State Route, or may be difficult to locate, provide directions for locating the residence under Additional Comments below.

Include apartment numbers if applicable.

Residence Information

Dates of activity

From (Month/Year): 06/2008 To (Month/Year): Present

Status

Own: { }

Rent: { ☒ }

Military housing: { }

Other (Explain): { }

Explanation

NCIC

Street address/APO address/FPO address

Street: 105 Ogletown Court

City: Holly Springs State: NC Country: Zip Code: 27540

Point of Contact for this Period of Residence

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area. Do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouse, or other relatives.

Name of person who knows you at this address

Relationship

Neighbor: { }

Friend: { }

Landlord: { ☒ }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street: 209 Nouveau Ave

City: Raleigh State: NC Country: Zip Code: 27615

Telephone

Number: 919-606-7563

Alternate contact

Number:

2. **Residence Information**

Dates of activity

From (Month/Year): 06/2007 To (Month/Year): 06/2008

Status

Own: { }

Rent: { }

Military housing: { }

Other (Explain): { x }

Explanation

Apartment provided to spouse as part of job for University of North Carolina.

Street address/APO address/FPO address

Street: 495 Paul Hardin Drive APT# CD

City: Chapel Hill State: NC Country: Zip Code: 27514

Point of Contact for this Period of Residence

Name of person who knows you at this address

Relationship

Neighbor: { }

Friend: { x }

Landlord: { }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street: 149 Cordelia Court

City: Fayetteville State: NC Country: Zip Code: 28306

Telephone

Number: 256-337-3170

Alternate contact
Number:

3. **Residence Information**

Dates of activity

From (Month/Year): 08/2006 To (Month/Year): 06/2007

Status

Own: { }

Rent: { }

Military housing: { }

Other (Explain): { **x** }

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b7C

Explanation

Apartment provided to spouse, [REDACTED] as part of job at University of North Carolina.

Street address/APO address/FPO address

Street: 555 Paul Hardin Drive APT# CD

City: Chapel Hill State: NC Country: Zip Code: 27514

Point of Contact for this Period of Residence

Name of person who knows you at this address

Relationship

Neighbor: { }

Friend: { **x** }

Landlord: { }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street: 573 Millbrook Drive

City: Pittsboro State: NC Country: Zip Code: 27312

Telephone

Number: 765-744-1482

Alternate contact

Number: 919-966-9122

4. **Residence Information**

Dates of activity

From (Month/Year): 01/2006 To (Month/Year): 08/2006

Status

Own: { }
Rent: { x }
Military housing: { }
Other (Explain): { }

Explanation

Lake Shore Grande Apartment Complex

Street address/APO address/FPO address

Street: 5548 Faith Drive APT # 303

City: Fayetteville State: NC Country: Zip Code: 28314

Point of Contact for this Period of Residence

Name of person who knows you at this address

Relationship

Neighbor: { }
Friend: { x }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street: 300 Atkinson St

City: Fort Bragg State: NC Country: Zip Code: 28307

Telephone

Number: 910-322-8130

Alternate contact

Number:

5. **Residence Information**

Dates of activity

From (Month/Year): 06/2004 To (Month/Year): 01/2006

Status

Own: { }
Rent: { }
Military housing: { x }
Other (Explain): { }

Explanation

Street address/APO address/FPO address

Street: D (Student) CO, Support Battalion, 1st SWTG(A)

City: Fort Bragg State: NC Country: Zip Code: 28310

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

6. **Residence Information**

Dates of activity

From (Month/Year): 09/2003 To (Month/Year): 06/2004

Status

Own: { }
Rent: { }
Military housing: { x }
Other (Explain): { }



*indices/arrests
only*

b6
b7c

Explanation

Street address/APO address/FPO address

Street: 261st Area Support Medical Battalion, 44th Medical Command

City: Fort Bragg State: NC Country: Zip Code: 28310

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

7. **Residence Information**

Dates of activity

From (Month/Year): 06/2003 To (Month/Year): 09/2003

Status

Own: { }

Rent: { }

Military housing: { x }

Other (Explain): { }



- indices
arrests
Muscogee Co.

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Explanation

Street address/APO address/FPO address

Street: B Co, 1st Battalion, 507th Infantry Regiment

City: Fort Benning State: GA Country: Zip Code: 31905

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }

Friend: { }

Landlord: { }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

8. **Residence Information**

Dates of activity

From (Month/Year): 02/2003 To (Month/Year): 06/2003

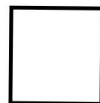
Status

Own: { }

Rent: { }

Military housing: { x }

Other (Explain): { }



*indices/arrests
only*

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b7C

Explanation

Street address/APO address/FPO address

Street: E Co, 232nd Medical Battalion

City: Fort Sam Houston State: TX Country: Zip Code: 78234

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }

Friend: { }

Landlord: { }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

9. **Residence Information**

Dates of activity

From (Month/Year): 11/2002 To (Month/Year): 02/2003

Status

Own: { }

Rent: { }

Military housing: { x }

Other (Explain): { }

Explanation

Street address/APO address/FPO address

Street: **B Co, 3rd Battalion, 13th Infantry Regiment, 1st BCTB**

City: **Fort Jackson** State: **SC** Country: Zip Code: **29207**

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }

Friend: { }

Landlord: { }

Business associate: { }

Other (Explain): { }



indices/arrests

b6
b7C

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

10. **Residence Information**

Dates of activity

From (Month/Year): **11/2001** To (Month/Year): **11/2002**

Status

Own: { }

Rent: { x }

Military housing: { }

Other (Explain): { }



indices/arrests only

b6
b7E

Explanation

Street address/APO address/FPO address

Street: **205 SW Church Street**

City: **Pullman** State: **WA** Country: Zip Code: **98374**

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:
City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

11. **Residence Information**

Dates of activity

From (Month/Year): 08/2000 To (Month/Year): 11/2001

Status

Own: { }
Rent: { **x** }
Military housing: { }
Other (Explain): { }



indices/arrests only b6 b7c

Explanation

Washington State University Residence Hall

Street address/APO address/FPO address

Street: Coman Hall
City: Pullman State: WA Country: Zip Code: 99163

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:
City: State: Country: Zip Code:

Telephone
Number:

Alternate contact
Number:

12. **Residence Information**

Dates of activity
From (Month/Year): 05/2000 To (Month/Year): 08/2000

Status
Own: { }
Rent: { }
Military housing: { }
Other (Explain): { **x** }

Explanation
I stayed with [redacted] during the summer in college.

Street address/APO address/FPO address

Street

City

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship
Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone
Number:

Alternate contact
Number:

13. **Residence Information**

[redacted] indices / ave
only b6
b7C

Dates of activity

From (Month/Year): 08/1999 To (Month/Year): 05/2000

Status

Own: { }

Rent: { **x** }

Military housing: { }

Other (Explain): { }

Explanation



*indices/arrests
only*

b6
b7C

Street address/APO address/FPO address

Street: 1200 Hillside Apt. 1

City: Pullman State: WA Country: Zip Code: 99163

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }

Friend: { }

Landlord: { }

Business associate: { }

Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

14. **Residence Information**

Dates of activity

From (Month/Year): 05/1999 To (Month/Year): 08/1999

Status

Own: { }

Rent: { }

Military housing: { }

Other (Explain): { **x** }

Explanation

I stayed with  during the summer in college.

b6
b7C

Street address/APO address/FPO address

Street
City

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

☐

*indices/arrests
only*

15. **Residence Information**

Dates of activity

From (Month/Year): 08/1998 To (Month/Year): 05/1999

Status

Own: { }
Rent: { **x** }
Military housing: { }
Other (Explain): { }

Explanation

Residence Hall at Washington State University

Street address/APO address/FPO address

Street: **Coman Hall**

City: **Pullman** State: **WA** Country: Zip Code: **99163**

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }

Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:
City: State: Country: Zip Code:

Telephone
Number:

Alternate contact
Number:

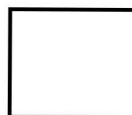
16. **Residence Information**

Dates of activity

From (Month/Year): 05/1998 To (Month/Year): 08/1998

Status

Own: { }
Rent: { }
Military housing: { }
Other (Explain): { x }



*indices/arrests
only*

b6
b7C

Explanation

During the construction of a new house, my family was staying in the guest house of a friend. The owners were [redacted] who still live at the same address and can be contacted at [redacted]

Street address/APO address/FPO address

Str [redacted]
Cit [redacted]

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:
City: State: Country: Zip Code:

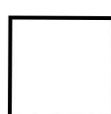
Telephone
Number:

Alternate contact
Number:

17. **Residence Information**

Dates of activity
From (Month/Year): 08/1997 To (Month/Year): 05/1998

Status
Own: { }
Rent: { x }
Military housing: { }
Other (Explain): { }



*indices/arrests
only*

b6
b7C

Explanation
Residence Hall at Washington State University

Street address/APO address/FPO address
Street: Coman Hall
City: Pullman State: WA Country: Zip Code: 99163

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship
Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)
Street:
City: State: Country: Zip Code:

Telephone
Number:

Alternate contact
Number:

18. **Residence Information**

Dates of activity
From (Month/Year): 06/1988 To (Month/Year): 08/1997

Status

Own: { }
Rent: { }
Military housing: { }
Other (Explain): { x }

Explanation

home owned by

Street address/APO address/FPO address

Street
City



*indices/arrests
only*

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b7C

Point of Contact for this Period of Residence

Name of person who knows you at this address:

Relationship

Neighbor: { }
Friend: { }
Landlord: { }
Business associate: { }
Other (Explain): { }

Explanation

Current street address/APO address/FPO address (if currently applicable)

Street:
City: State: Country: Zip Code:

Telephone

Number:

Alternate contact

Number:

(End of List)

Additional comments

I had a couple other residences I stayed at the summer of 2001 in Pullman, WA not listed here totaling approximately one month. One was a residence hall and the other was with friends. They were for a couple weeks in between moves, and I have no records of addresses or dates.

Section 12: Where You Went To School

School Information

List all schools you have attended, beginning with the most recent and working back 7 years (if an SSBI go back 10 years). If your most recent degree or diploma was received more than 7 years ago (10 years for an SSBI), list it below no matter when

it was received.

Schools Attended (Not Applicable: { })

1. Provide the requested information about this school you attended. List college or university degrees and the dates they were received. For Correspondence/Distance/Extension/Online School, provide the address where the records are maintained.

Dates of activity

From (Month/Year): 08/1997 To (Month/Year): 09/2002

Select the most appropriate type that describes your school.

School type

High School: { }

College/University/Military College: { **x** }

Vocational/Technical/Trade School: { }

Correspondence/Distance/Extension/Online School: { }

Name of school: Washington State University

Street address of school

Street: Office of Registrar, French Administration Building, Rm 346, Washington State University

City: Pullman State: WA Country: Zip Code: 98374

Degree/diploma received?

Yes: { **x** } No: { }

If "Yes," identify type of degree/diploma received and date awarded.

Degree/diploma

1. Degree/diploma: Bachelor's

Other degree/diploma:

Date awarded

Month/Year: 08/2001

(End of Degree/diploma List)

Person Who Knows You

For schools you attended in the last 3 years, list a person who knew you at school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago.

Name:

Current address

Street:

Certified at 2009-06-28 12:43:35.357

Data Hash Code:

PRIVACY ACT INFORMATION

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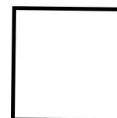
*indices/arrests
verified*

City: State: Country: Zip Code:

Telephone
Number:

2. Dates of activity
From (Month/Year): 08/1994 To (Month/Year): 06/1997

School type
High School: { **x** }
College/University/Military College: { }
Vocational/Technical/Trade School: { }
Correspondence/Distance/Extension/Online School: { }



*indices/arrests
verified*

b6
b7c

Name of school: Gov. John R Rogers High School

Street address of school
Street: 12801 86th Ave. E
City: Puyallup State: WA Country: Zip Code: 98373

Degree/diploma received?
Yes: { **x** } No: { }

Degree/diploma

1. Degree/diploma: High School Diploma or equivalent

Other degree/diploma:

Date awarded
Month/Year: 06/1997

(End of Degree/diploma List)

Person Who Knows You

Name:

Current address

Street:

City: State: Country: Zip Code:

Telephone

Number:

(End of List)

Section 13: Employment Activities

List all your employment activities, beginning with the present (#1) and working back 7 years (if an SSBI go back 10 years).

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Data Hash Code:

PRIVACY ACT INFORMATION

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You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, all military service duty locations, temporary military duty locations (TDY) over 90 days, self-employment, other paid work, and all periods of unemployment. **The entire period must be accounted for without breaks.** EXCEPTION: Do not list employments that occurred before your 18th birthday unless it is necessary for providing a minimum of 2 years of employment history.

Employer/Verifier Information. List the business name of your employer or the name of a person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports. If you are a Federal Contractor, list company name, not Federal agency.

Additional Periods of Activity. Complete this block if you worked for an employer on more than one occasion at the same physical location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Section 13A: Employment/Unemployment Information

List all your employment activities, beginning with the present and working back 7 years (if an SSBI go back 10 years). You should list all full-time and part-time work, paid or unpaid, consulting/contracting work, all military service duty locations, temporary military duty locations (TDY) over 90 days, self-employment, other paid work, and all periods of unemployment. **The entire period must be accounted for without breaks.** EXCEPTION: Do not list employments that occurred before your 18th birthday unless it is necessary for providing a minimum of 2 years of employment history.

1. Employment Information

Dates of employment

From (Month/Year): 05/2009 To (Month/Year): Present

Check the appropriate box listed below to identify the type of employment.

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { **x** }

Federal Contractor: { }

Other (explain): { }

List the name of a person who can verify your unemployment.

Name of verifier: - verify

Address of verifier

Street

City

Telephone
Number

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b7C

2. **Employment Information**

Dates of employment

From (Month/Year): 06/2006 To (Month/Year): 05/2009

Type of employment

Active military duty stations: { ☒ }

National Guard/Reserve: { ☐ }

U.S.P.H.S. Commissioned Corps: { ☐ }

Other Federal employment: { ☐ }

State Government (Non-Federal employment): { ☐ }

Self-employment (include business name and/or name of person who can verify): { ☐ }

Unemployment (include name of verifier): { ☐ }

Federal Contractor: { ☐ }

Other (explain): { ☐ }

Work hours

Full-time: { ☒ } Part-time: { ☐ }

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : US Army

Military rank: SSG

Military duty location or home port: Fort Bragg

Address

Street: C Co, 3rd Battalion, 3rd Special Forces Group (A)

City: Fort Bragg State: NC Country: Zip Code: 28310

Telephone

Number: 910-432-7799

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name:

Title: SGM

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interview*

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b7C

Work address of supervisor
Street:
City: State: Country: Zip Code:

Telephone
Number:

3. **Employment Information**

Dates of employment
From (Month/Year): 06/2004 To (Month/Year): 06/2006

Type of employment
Active military duty stations: { ☒ }
National Guard/Reserve: { }
U.S.P.H.S. Commissioned Corps: { }
Other Federal employment : { }
State Government (Non-Federal employment): { }
Self-employment (include business name and/or name of person who can verify): { }
Unemployment (include name of verifier): { }
Federal Contractor: { }
Other (explain): { }

Work hours
Full-time: { ☒ } Part-time: { }

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : US Army

Military rank: SGT

Military duty location or home port: Fort Bragg

Address
Street: D (Student) Company, Support Battalion 1st Special Warfare Training Group (A)
City: Fort Bragg State: NC Country: Zip Code: 28310

Telephone
Number: 9104324411

Physical Location

Your actual work address (if different from employer address)
Street:
City: State: Country: Zip Code:

Telephone
Number:

Supervisor (if different from employer)

Name

Title: **SFC**

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional comments

During this time I was a student at the US Army John F Kennedy Special Warfare Center and School.

4. Employment Information

Dates of employment

From (Month/Year): **09/2003** To (Month/Year): **06/2004**

Type of employment

Active military duty stations: { **x** }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { }

Other (explain): { }

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Work hours

Full-time: { **x** } Part-time: { }

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : **US Army**

Military rank: **SPC**

Military duty location or home port: **Fort Bragg**

Address

Street: **261st Area Support Medical Battalion, 44th Medical Command**

City: **Fort Bragg** State: **NC** Country: Zip Code: **28310**

Telephone

Number: **910-396-8526**

Physical Location

Your actual work address (if different from employer address)

Street:
City: State: Country: Zip Code:

Telephone
Number:

Supervisor (if different from employer)

Name

Title: CPT

Work address of supervisor

Street:
City: State: Country: Zip Code:

Telephone
Number:

5. **Employment Information**

Dates of employment

From (Month/Year): 06/2003 To (Month/Year): 09/2003

Type of employment

Active military duty stations: { ☒ }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { }

Other (explain): { }

Work hours

Full-time: { ☒ } Part-time: { }

indices
arrests
Muscogee Co.

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : US Army

Military rank: SPC

Military duty location or home port: Fort Benning

Address

Street: B Co, 1st Battalion (A), 507th Infantry Regiment

City: Fort Benning State: GA Country: Zip Code: 31905

Telephone

Number: 7065454874

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name:

Title:

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional comments

During this time I was a Basic Airborne Student at the US Army Infantry Center.

6. Employment Information

Dates of employment

From (Month/Year): 02/2003 To (Month/Year): 06/2003

Type of employment

Active military duty stations: { ☒ }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment: { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { }

Other (explain): { }



indices/arrests

b6
b7c

Work hours

Full-time: { ☒ } Part-time: { }

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : US Army

Military rank: SPC

Military duty location or home port: Fort Sam Houston

Address

Street: **E Co. 232nd Medical Battalion**

City: **Fort Sam Houston** State: **TX** Country: Zip Code: **78234**

Telephone

Number: **2102214262**

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name:

Title:

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional comments

During this time I was an AIT student.

7. **Employment Information**

Dates of employment

From (Month/Year): **11/2002** To (Month/Year): **02/2003**

Type of employment

Active military duty stations: { **x** }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { }

Other (explain): { }

Work hours

Full-time: { **x** } Part-time: { }

Include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Branch of service : **US Army**

Military rank: **SPC**

Military duty location or home port: **Fort Jackson**

Address

Street: **B Co, 3rd Battalion, 13th Infantry Regiment, 1st BCTB**

City: **Fort Jackson** State: **SC** Country: Zip Code: **29207**

Telephone

Number: **8037512045**



indices/arrests

b6
b7C

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name: **FNU Brewer**

Title: **Drill Sergeant**

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional comments

Basic Training with 1st Basic Combat Training Brigade

8. **Employment Information**

Dates of employment

From (Month/Year): **05/2002** To (Month/Year): **11/2002**

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { }

Other (explain): { **x** }

Explanation

I worked part time as a custodian at Washington State University while I was a graduate student.

Work hours

Full-time: { } Part-time: { x }

Position title: Time Slip Custodian

Employer

List the business name of your employer.

Name of employer: WSU Facilities Operations

Address of employer

Street: McCluskey Bldg, Washington State University
City: Pullman State: WA Country: Zip Code: 99164

Telephone

Number: 509-335-9313

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name

Title:

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional Periods of Activity with this Employer

Provide Additional Periods of Activity if you worked for this employer on more than one occasion at the same physical location. After entering the most recent period of employment above, provide previous periods of employment at the same location in the additional fields provided below. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional periods of activity with this employer (Not Applicable: { x })

(No Entry Provided)

Explanation/reason for leaving

I joined the Army.

9. **Employment Information**

Dates of employment

From (Month/Year): 08/2000 To (Month/Year): 05/2002

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { **x** }

Federal Contractor: { }

Other (explain): { }

List the name of a person who can verify your unemployment.

Name of verifier

*verify period
of unemployment*

Address of verifier

Stre

City

Telephone

Number

Additional comments

Full Time Student at Washington State University

10. **Employment Information**

Dates of employment

From (Month/Year): 05/2000 To (Month/Year): 08/2000

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { }

Federal Contractor: { **x** }

Other (explain): { }

Work hours

Full-time: { } Part-time: { **x** }

Position title: **Food Service Worker**

Employer

List company name, not Federal agency.

Name of employer: **AAFES**



indices / arrests

Address of employer

Street: **Burger King**

City: **McChord AFB** State: **WA** Country: Zip Code: **98438**

Telephone

Number: **253-582-2813**

Physical Location

Your actual work address (if different from employer address)

Street:

City: State: Country: Zip Code:

Telephone

Number:

Supervisor (if different from employer)

Name:



Title:

Work address of supervisor

Street:

City: State: Country: Zip Code:

Telephone

Number:

Additional Periods of Activity with this Employer

Provide Additional Periods of Activity if you worked for this employer on more than one occasion at the same physical location. After entering the most recent period of employment above, provide previous periods of employment at the same location in the additional fields provided below. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below.

Additional periods of activity with this employer (Not Applicable: { })

1. Dates of employment

From (Month/Year): **05/1999** To (Month/Year): **08/1999**

Position title: **Food Service Worker**

Supervisor:

(End of Additional periods of activity with this employer List)

Explanation/reason for leaving

This was a summer job while I was in college.

11. **Employment Information**

Dates of employment

From (Month/Year): **08/1999** To (Month/Year): **05/2000**

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { **x** }

Federal Contractor: { }

Other (explain): { }

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List the name of a person who can verify your unemployment.

Name of verifier

Address of verifier

Street

City

Telephone

Number

Additional comments

Full time student at Washington State University

12. **Employment Information**

Dates of employment

From (Month/Year): **12/1978** To (Month/Year): **05/1999**

Type of employment

Active military duty stations: { }

National Guard/Reserve: { }

U.S.P.H.S. Commissioned Corps: { }

Other Federal employment : { }

State Government (Non-Federal employment): { }

Self-employment (include business name and/or name of person who can verify): { }

Unemployment (include name of verifier): { **x** }

Federal Contractor: { }

Other (explain): { }

List the name of a person who can verify your unemployment.

Name of verifier:

Address of verifier

Street

City

Telephone

Number

Additional comments

I got my first job during the summer in 1999.

(End of List)

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Section 13B: Former Federal Service, Excluding Military Service, Not Indicated Previously

List below if applicable.

Former Federal Services (Not Applicable: { x })
(No Entry Provided)

Section 13C: Employment Record

1. Has any of the following happened to you in the last 7 years?

1. Fired from a job
 2. Quit a job after being told you would be fired
 3. Left a job by mutual agreement following charges or allegations of misconduct
 4. Left a job by mutual agreement following notice of unsatisfactory performance
 5. Left a job for other reasons under unfavorable circumstances
 6. Laid off from job by employer
- Yes: { } No: { x }

If "Yes," provide an entry for each occurrence.

(No Entry Provided)

2. Have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace?

Yes: { } No: { x }

3. Have you received a written warning, been officially reprimanded, suspended, or disciplined for violating a security rule or policy?

Yes: { } No: { x }

If you answered "Yes" to either question, provide an entry for each incident.

(No Entry Provided)

Section 14: Selective Service Record

a. Are you a male born after December 31, 1959?

Yes: { x } No: { }

If you answered "Yes" to question a, answer the following question. If "No," go to Section 15.

b. Have you registered with the Selective Service System (SSS)?

Yes: { x } No: { }

If "Yes," provide your registration number below. If "No," explain the reason for not registering below. Please consult the SSS if you are unaware of your status before signing this form.

Registration number: 78-1307540-0

Explanation

Section 15: Military History

Account for all of your military service through the questions below. If you answer "No" to both 15a and 15b, go to Section 16.

a. Have you EVER served in the U.S. military or the U.S. Merchant Marine?

Yes: { x } No: { }

b. Have you EVER served in a foreign country's military, security forces, merchant marine, militia, or other defense forces?

Yes: { } No: { x }

If you answered "Yes" to question a or b, list all details of your military service below. If you had a break in service, each separate time of service should be listed.

Military Service

1. Use one of the codes listed below to identify your branch of service:

Branch of service

Air Force: { }
Army: { x }
Navy: { }
Marine Corps: { }
Coast Guard: { }
Merchant Marine: { }
Air National Guard (NG): { }
Army NG: { }
Foreign military, defense, militia, security forces: { }



OMPF@
USAEREC

b6
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Dates of activity

From (Month/Year): 05/2009 To (Month/Year): Present

Service number: 175600118

Mark officer or enlisted, if applicable.

Officer or enlisted (Not Applicable: { })
Officer: { } Enlisted: { x }

Indicate the status of your service during the time that you served.

Status

Active Duty: { } Active Reserve: { } Inactive Reserve: { x }

Type of discharge (Not Applicable: { x })

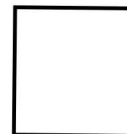
Honorable: { }
Dishonorable: { }
Other Than Honorable: { }
General: { }
Bad Conduct: { }
Other (Explain): { }

Explanation

completing 8 years of military commitment, will be complete September 2010

2. Branch of service

Air Force: { }
Army: { x }
Navy: { }
Marine Corps: { }
Coast Guard: { }
Merchant Marine: { }
Air National Guard (NG): { }
Army NG: { }
Foreign military, defense, militia, security forces: { }



OMPF@
HRC-STL

b6
b7C

Dates of activity

From (Month/Year): 11/2002 To (Month/Year): 05/2009

Service number: **175600118**

Officer or enlisted (Not Applicable: { })

Officer: { } Enlisted: { **x** }

Status

Active Duty: { **x** } Active Reserve: { } Inactive Reserve: { }

Type of discharge (Not Applicable: { })

Honorable: { **x** }

Dishonorable: { }

Other Than Honorable: { }

General: { }

Bad Conduct: { }

Other (Explain): { }

Explanation

(End of List)

c. Have you EVER received a discharge that was not honorable?

Yes: { } No: { **x** }

d. In the last 7 years (if an SSBI go back 10 years), have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

Yes: { } No: { **x** }

If you answered "Yes" to question d, provide an entry for each charge.

Military Charges

(No Entry Provided)

Section 16: People Who Know You Well

List three people who know you well and who preferably live in the U. S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of the workplace, school, or neighborhoods and whose combined association with you covers at least the last 7 years. **Do not list your spouse, former spouse(s), other relatives, or anyone listed elsewhere on this form.**

1. Dates known

From (Month/Year): **10/2007** To (Month/Year): **Present**

Reference name

Relationship to you (Check all that apply)

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Neighbor: { }

Friend: { x }

Work associate: { x }

Schoolmate: { }

Other (Explain): { }

Explanation

Include apartment number, if applicable.

Home or work address

Street

City

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Telephone

Number

Alternate telephone

Number

Addi

2. Dates known
From (Month/Year): 02/2003 To (Month/Year): Present

Reference name:

b6
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Relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { x }

Schoolmate: { }

Other (Explain): { }.

Explanation

Home or work address

Street

City:

Telephone
Number

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Alternate telephone
Number:

Additional comments

3. Dates known
From (Month/Year): 08/1988 To (Month/Year): Present

Reference name

b6
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Relationship to you (Check all that apply)

Neighbor: { }

Friend: { x }

Work associate: { }

Schoolmate: { }

Other (Explain): { x }

Expl

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Home or work address

Street
City:

Telephone
Number

Alternate telephone
Number:

Add

(End of List)

Section 17: Marital Status

Mark one box to show your current marital status.

Marital Status

Never married: { }

Married (include Common Law): { x }

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Separated: { }
Annulled: { }
Divorced: { }
Widowed: { }

Item 17A. Current Spouse

If applicable, complete the following about your current spouse only.

Current Spouse (Not Applicable: { })

If you have only initials in your name, enter them and select Initial Only (IO). If you have no middle name, select No Middle Name (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Full name
Last [redacted]

Date of birth
Month/Day/Year [redacted]

Place of birth
City [redacted] try:

Social Security Number (Not Applicable: { })

Other names used (Not Applicable: { })

1. Name
Last [redacted] Suffix:
maiden name: [redacted]

Dates used
From (Month/Year) [redacted]

(End of Other names used List)

Current address of spouse, if different than your current address; otherwise, check the "Use My Current Address" box.

Current address (Use my current address: { x })

Street:
City: State: Country: Zip Code:

Telephone (Use my current telephone number: { })
Number [redacted]

Date married
Month/Day/Year [redacted]

Place married
City [redacted] try:

If separated, provide date of separation.

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b6
b7C

b6
b7C

Date of separation

Month/Day/Year: ~ / ~ / ~

If legally separated, where is the record located?

Location of separation record

City: State: Country: Zip Code:

Country(ies) of citizenship

1. Country: United States

(End of Country(ies) of citizenship List)

If spouse was born outside the U.S. indicate one type of documentation that he or she possesses and the document numbers.

Type of document

FS 240 or 545: { }

DS 1350: { }

Citizenship certificate: { }

U.S. Passport (current or most recent): { }

Alien registration: { }

Naturalization certificate: { }

Other (Explain): { }

Explanation

Document number:

Item 17B. Former Spouse(s)

Complete the following about your former spouse(s).

Former Spouse(s) (Not Applicable: { x })

(No Entry Provided)

Item 17C. Cohabitant

[A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live for reasons of convenience (a roommate)]. If applicable, complete the following about your cohabitant.

Cohabitant (Not Applicable: { x })

(No Entry Provided)

Section 18: Relatives

Give the full name and other requested information, if applicable, for each of your relatives, living or deceased, specified below.

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1. Mother
2. Father
3. Stepmother
4. Stepfather
5. Foster parent
6. Child (include adopted and foster)
7. Stepchild
8. Brother
9. Sister
10. Stepbrother
11. Stepsister
12. Half-brother
13. Half-sister
14. Father-in-law
15. Mother-in-law
16. Guardian

1. Relationship type

If no first name or middle name is used, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If only an initial is used as the first name or middle name, enter the initial (without the period) and select Initial Only (IO). If this person is a "Jr.," "Sr.," etc., enter this under Suffix.

Full name
Last Suffix:

Deceased
Yes: { } No: { x }

Date of birth
Month/Day/Year

Place of birth
City Country:

Current address
Street
City:

Country(ies) of citizenship

1. Country: United States

(End of Country(ies) of citizenship List)

If relative was born outside the U.S., indicate one type of documentation that he or she possesses and provide the document number below.

Type of document
FS 240 or 545: { }
Citizenship certificate: { }

DS 1350: { }
Naturalization certificate: { }
Alien registration: { }
U.S. Passport: { }
Other (Explain): { }

Explanation

Document number:

2. Relationship type:

b6
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Full name
Last: Suffix:

Deceased
Yes: { } No: { x }

Date of birth
Month/Day/Year

Place of birth
City Country:

Current address
Street
City

Country(ies) of citizenship

1. Country: United States

(End of Country(ies) of citizenship List)

Type of document
FS 240 or 545: { }
Citizenship certificate: { }
DS 1350: { }
Naturalization certificate: { }
Alien registration: { }
U.S. Passport: { }
Other (Explain): { }

Explanation

Document number:

3. Relationship type:

b6
b7C

Full name
Last:

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Deceased

Yes: { } No: { x }

Date of birth

Month/Day/Year

Place of birth

City

Country:

Current address

Street

City

Country(ies) of citizenship

1. Country: **United States**

(End of Country(ies) of citizenship List)

Type of document

FS 240 or 545: { }

Citizenship certificate: { }

DS 1350: { }

Naturalization certificate: { }

Alien registration: { }

U.S. Passport: { }

Other (Explain): { }

Explanation

Document number:

4. Relationship type

Full name

Last

Deceased

Yes: { } No: { x }

Date of birth

Month/Day/Year

Place of birth

City

Country:

Current address

Street

City

Country(ies) of citizenship

b6
b7C

b6
b7C

1. Country: United States

(End of Country(ies) of citizenship List)

Type of document

FS 240 or 545: { }

Citizenship certificate: { }

DS 1350: { }

Naturalization certificate: { }

Alien registration: { }

U.S. Passport: { }

Other (Explain): { }

Explanation

Document number:

5. Relationship type

Full name

Last

Suffix:

Deceased

Yes: { } No: { x }

Date of birth

Month/Day/Year

Place of birth

City

Country:

Current address

Street

City:

Country(ies) of citizenship

1. Country: United States

(End of Country(ies) of citizenship List)

Type of document

FS 240 or 545: { }

Citizenship certificate: { }

DS 1350: { }

Naturalization certificate: { }

Alien registration: { }

U.S. Passport: { }

Other (Explain): { }

Explanation

Document number:

(End of List)

Section 19: Foreign Contacts

Do you have or have you had close and/or continuing contact with foreign nationals within the last 7 years with whom you, your spouse, or your cohabitant are bound by affection, influence, and/or obligation? Include associates, as well as relatives, not already listed in Section 18. (A foreign national is defined as any person who is not a citizen or national of the U.S.).

Yes: { } No: { x }

Foreign Contacts
(No Entry Provided)

Section 20: Foreign Activities

Respond for the time frame of the last 7 years.

Item 20A: Foreign Financial Interests

Include stocks, personal property, company shares, investments, or ownership of corporate entities. Exclude U.S.-based fund managers and accounts managed through your employer.

1. Do you have or have you EVER had any foreign financial businesses, foreign bank accounts, or other foreign financial interests of which you have direct control or direct ownership?

Yes: { } No: { x }

If you answered "Yes" to question 1, provide the type and amount of funds for each interest.

Direct Foreign Financial Interests
(No Entry Provided)

2. Do you have or have you had any foreign financial interests that someone controls on your behalf?

Yes: { } No: { x }

If you answered "Yes" to question 2, provide an entry for each interest. Exclude U.S.-based fund managers and accounts managed through your employer.

Indirect Foreign Financial Interests
(No Entry Provided)

3. Do you own or have you owned real estate in a foreign country?

Yes: { } No: { x }

If you answered "Yes" to question 3, provide an entry for each foreign real estate holding.

Foreign Real Estate Holdings

(No Entry Provided)

4. Do you receive or have you received any educational, medical, retirement, social welfare, or other such benefits from a foreign country?

Yes: { } No: { x }

If you answered "Yes" to question 4, provide an entry for each educational, medical, retirement, social welfare, or other such benefits from a foreign country.

Foreign Benefits

(No Entry Provided)

Section 20B: Foreign Business, Professional Activities, and Foreign Government Contacts

1. In the last 7 years, have you provided advice or support to anyone associated with a foreign business or other foreign organization that you have not previously listed as a former employer regarding any of the following: management, strategy, financing, or technology?

Yes: { } No: { x }

Was activity on official U.S. Government business?

Yes: { } No: { }

If you answered "Yes" to question 1 AND the activity was outside of official U.S. Government business, provide entries to describe the advice/support provided.

Advice/Support Activities

(No Entry Provided)

2. In the last 7 years, have you attended any international conferences, trade shows, seminars, or other meetings outside of the U.S.?

Yes: { } No: { x }

Was activity on official U.S. Government business?

Yes: { } No: { }

If you answered "Yes" to question 2 AND the activity was outside of official U.S. Government business, provide an entry for each event.

Meetings
(No Entry Provided)

3. In the last 7 years, have you or any of your immediate family members been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency?

Yes: { x } No: { }

Was activity on official U.S. Government business?

Yes: { x } No: { }

If you answered "Yes" to question 3 AND the activity was outside of official U.S. Government business, provide an entry for each request/consultation.

Requests/Consultations
(No Entry Provided)

4. In the last 7 years, have you or any of your immediate family members had any contact with a foreign government, its establishment (embassies, consulates, agencies, or military services), or its representatives, whether inside or outside the U.S.?

Yes: { x } No: { }

Was activity on official U.S. Government business?

Yes: { x } No: { }

Answer "No" if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel listed below in Question 20C. If contact was outside of official U.S. Government business, provide an entry for each contact.

Government Contacts
(No Entry Provided)

5. In the last 7 years, have you sponsored any foreign citizen to come to the U.S. as a student, for work, or for permanent residence?

Yes: { } No: { x }

Was activity on official U.S. Government business?

Yes: { } No: { }

If you answered "Yes" to question 5, provide an entry for each foreign citizen you sponsored.

Sponsored Visits
(No Entry Provided)

6. Have you EVER held or do you now hold a passport that was issued by a foreign government?
Yes: { } No: { x }

Was activity on official U.S. Government business?
Yes: { } No: { }

If you answered "Yes" to question 6, provide an entry for each foreign passport held.

Foreign Passports
(No Entry Provided)

Section 20C: Foreign Countries You Have Visited

Have you traveled outside the U.S. in the last 7 years?

Respond for foreign countries you have visited in the last 7 years. Do not list travel under official U.S. Government business, but you must include any personal trips made in conjunction with the official U.S. Government travel.
Yes: { } No: { x }

List foreign countries you have visited in the last 7 years.

Foreign Travels
(No Entry Provided)

Section 21: Mental and Emotional Health

Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer "No" if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
 - strictly related to adjustments from service in a military combat environment.
- Yes: { } No: { x }

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the *Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act*

(HIPAA).

(No Entry Provided)

Section 22: Police Record

For this item, report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

For questions a and b, respond for the timeframe of the last 7 years (if an SSBI go back 10 years). Exclude any fines of less than \$300 for traffic offenses that do not involve alcohol or drugs.

a. Have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you; are you on trial or awaiting a trial on criminal charges; or are you currently awaiting sentencing for a criminal offense?

Yes: { } No: { x }

b. Have you been arrested by any police officer, sheriff, marshal, or any other type of law enforcement officer?

Yes: { } No: { x }

c. Have you EVER been charged with any felony offense? (Include those under Uniform Code of Military Justice.)

Yes: { } No: { x }

d. Have you EVER been charged with a firearms or explosives offense?

Yes: { } No: { x }

e. Have you EVER been charged with any offense(s) related to alcohol or drugs?

Yes: { } No: { x }

If you answered "Yes" to any question above, explain below, providing information for each and every offense.

(No Entry Provided)

Section 23: Illegal Use of Drugs or Drug Activity

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a. In the last 7 years, have you illegally used any controlled substance, for example, cocaine, crack cocaine, THC (marijuana, hashish, etc.), narcotics (opium, morphine, codeine, heroin, etc.), stimulants (amphetamines, speed, crystal methamphetamine, Ecstasy, ketamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.),

hallucinogenics (*LSD, PCP, etc.*), steroids, inhalants (*toluene, amyl nitrate, etc.*) or prescription drugs (*including painkillers*)? Use of a controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any controlled substance.

Yes: { } No: { **x** }

b. Have you EVER illegally used a controlled substance while possessing a security clearance; while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety?

Yes: { } No: { **x** }

c. In the last 7 years, have you been involved in the illegal possession, purchase, manufacture, trafficking, production, transfer, shipping, receiving, handling, or sale of any controlled substance (*see question a above*) including prescription drugs?

Yes: { } No: { **x** }

d. In the last 7 years, have you received counseling or treatment or have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of drugs? If you answered "Yes," provide date(s) of treatment and name(s) and address(es) of provider(s). You will be asked to sign an additional release if information is needed concerning any treatment.

Yes: { } No: { **x** }

If you answered "Yes" to a - d above, provide the date(s) of use or activity, identify the controlled substance(s), and explain the use or activity.

(No Entry Provided)

Section 24: Use of Alcohol

a. In the last 7 years, has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel?

Yes: { } No: { **x** }

If you answered "Yes" to question a, explain.

Explanation

b. In the last 7 years, have you been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol?

Yes: { } No: { **x** }

c. In the last 7 years, have you received counseling or treatment as a result of your use of alcohol?

Yes: { } No: { **x** }

If you answered "Yes" to question b or c above, provide the date(s) of treatment and the name(s) and address(es) of the counselor(s) or doctor(s) below. Do not repeat information reported in response to Section 21. You will be asked to sign an additional release if information is needed concerning any treatment.

Treatments (Information was provided in Section 21: { })
(No Entry Provided)

Section 25: Investigations and Clearance Record

a. Has the U.S. Government or a foreign government EVER investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, check "Unknown." If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Yes: { x } No: { }

If you answered "Yes" to question a, provide the requested information below.

1. Provide the requested information below. If you can't recall the investigating agency and/or the security clearance received, check "Unknown."

Date of action

Month/Year: 05/2009 (Estimated)

Investigating Agency

Defense Department: { }

State Department: { }

Office of Personnel Management: { }

Federal Bureau of Investigation: { }

Treasury Department: { }

Department of Homeland Security: { x }

Foreign government (Specify country): { }

Unknown: { }

Other (Explain): { }

Other agency or foreign country (if necessary):

Security Clearance

Not Required: { }

Confidential: { }

Secret: { }

Top Secret: { }

Sensitive Compartmented Information: { }

Q: { }

L: { }

Issued by foreign country (Specify country): { }

Unknown: { }

Other (Explain): { x }

Other clearance or foreign country (if necessary): Top Secret being conducted

Additional comments

Background check currently being conducted by US Secret Service for potential employment.

2. Date of action
Month/Year: 11/2005



*verify current
application w/
Secret Service*

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Investigating Agency

Defense Department: { x }
State Department: { }
Office of Personnel Management: { }
Federal Bureau of Investigation: { }
Treasury Department: { }
Department of Homeland Security: { }
Foreign government (Specify country): { }
Unknown: { }
Other (Explain): { }

Other agency or foreign country (if necessary):

Security Clearance

Not Required: { }
Confidential: { }
Secret: { x }
Top Secret: { }
Sensitive Compartmented Information: { }
Q: { }
L: { }
Issued by foreign country (Specify country): { }
Unknown: { }
Other (Explain): { }

Other clearance or foreign country (if necessary):

(End of List)

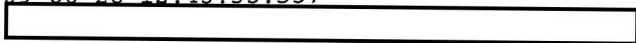
b. To your knowledge, have you EVER had a clearance or access authorization denied, suspended, or revoked; or been debarred from government employment? If "Yes," give the action(s), date(s) of action(s), agency(ies), and circumstances. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Yes: { } No: { x }

If you answered "Yes" to question b, provide the requested information below.

(No Entry Provided)

Section 26: Financial Record

Certified at 2009-06-28 12:43:35.357
Data Hash Code: 

PRIVACY ACT INFORMATION

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For the following, answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor.

a. Have you filed a petition under any chapter of the bankruptcy code? If "Yes," indicate Chapter 7, 11, or 13.
Yes: { } No: { x }

b. Have you had any possessions or property voluntarily or involuntarily repossessed or foreclosed?
Yes: { } No: { x }

c. Have you failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?
Yes: { } No: { x }

d. Have you had a lien placed against your property for failing to pay taxes or other debts?
Yes: { } No: { x }

e. Have you had a judgment entered against you?
Yes: { } No: { x }

f. Have you defaulted on any type of loan?
Yes: { } No: { x }

g. Have you had bills or debts turned over to a collection agency?
Yes: { x } No: { }

h. Have you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed?
Yes: { } No: { x }

i. Have you been evicted for non-payment of financial obligations?
Yes: { } No: { x }

j. Have you been delinquent on court-imposed alimony or child support payments?
Yes: { } No: { x }

k. Have you had your wages, benefits, or assets garnished or attached for any reason?
Yes: { } No: { x }

l. Have you been counseled, warned, or disciplined for violating terms of agreement for a travel or credit card provided by your employer?
Yes: { } No: { x }

m. Have you been over 180 days delinquent on any debt(s)?
Yes: { } No: { x }

n. Are you currently over 90 days delinquent on any debt(s)?
Yes: { } No: { x }

o. Have you EVER experienced financial problems due to gambling?

Yes: { } No: { x }

p. Are you currently delinquent on any Federal debt?

Yes: { } No: { x }

If you answered "Yes" to any question above (a-p), provide the information requested below. For each "Yes" answer, provide the corresponding letters. Answer for the last 7 years, unless otherwise specified in the question. Disclose all financial obligations, including those for which you are a cosigner or guarantor.

1. Provide the information requested below.

Check corresponding question

- a) Filed a petition under any chapter of the bankruptcy code?: { }
- b) Had possessions or property voluntarily or involuntarily repossessed or foreclosed?: { }
- c) Failed to pay Federal, state, or other taxes, or to file a tax return, when required by law or ordinance?: { }
- d) Had a lien placed against property for failing to pay taxes or other debts?: { }
- e) Had a judgment entered against you?: { }
- f) Defaulted on a loan?: { }
- g) Had bills or debts turned over to a collection agency?: { x }
- h) Had an account or credit card suspended, charged off, or cancelled for failing to pay as agreed?: { }
- i) Evicted for non-payment of financial obligations?: { }
- j) Delinquent on court-imposed alimony or child support payments?: { }
- k) Had wages, benefits, or assets garnished or attached?: { }
- l) Violated the terms of agreement for a travel or credit card provided by an employer?: { }
- m) Been over 180 days delinquent on a debt?: { }
- n) Currently over 90 days delinquent on a debt?: { }
- o) EVER experienced financial problems due to gambling?: { }
- p) Currently delinquent on any Federal debt?: { }

Date satisfied (Not Applicable: { })

Month/Year: 01/2009

Amount of property value involved (Not Applicable: { }) : 89.35

Loan/account number (Not Applicable: { }) : 000133329680

If "a" bankruptcy, indicate the type.

Bankruptcy type: (~)

Name of agency/organization/individual to whom debt is/was owed: UNC Hospitals

Name action/debt is recorded under: Ronald Shurer

Status of action or debt

This bill was turned over to a debt collection agent via computer error before a bill was ever issued to us and was withdrawn by UNC Hospitals.

Name of company, court or agency handling case: **Absolute Collection Service**

Address of company, court or agency handling case

Street: **421 Fayetteville St, Suite 600**

City: **Raleigh** State: **NC** Country: Zip Code: **27601**

(End of List)



verify

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Section 27: Use of Information Technology Systems

The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage, or protection of information. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. Neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

a. In the last 7 years, have you illegally or without proper authorization entered into any information technology system?

Yes: { } No: { x }

b. In the last 7 years, have you illegally or without authorization modified, destroyed, manipulated, or denied others access to information residing on an information technology system?

Yes: { } No: { x }

c. In the last 7 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations?

Yes: { } No: { x }

If you answered "Yes" to any question above (a-c), provide the following information.

(No Entry Provided)

Section 28: Involvement in Non-Criminal Court Actions

In the last 7 years (if an SSBI go back 10 years), have you been a party to any public record civil court action(s) not listed elsewhere on this form?

Yes: { } No: { x }

If you answered "Yes," provide the information about each public record civil court action(s).

(No Entry Provided)

Section 29: Association Record

The following questions pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

a. Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to terrorism, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?

Yes: { } No: { ☒ }

b. Have you EVER been an officer or a member of, or made a contribution to, an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in illegal activities to that end, either with an awareness of the organization's dedication to that end or with the specific intent to further such illegal activities?

Yes: { } No: { ☒ }

c. Have you EVER been an officer or a member of, or made a contribution to, an organization that unlawfully advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the U.S. with the specific intent to further such unlawful activities?

Yes: { } No: { ☒ }

d. Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force with the specific intent to incite others to unlawful action in furtherance of such aims?

Yes: { } No: { ☒ }

e. Have you EVER knowingly engaged in any activities designed to overthrow the U.S. Government by force?

Yes: { } No: { ☒ }

f. Have you EVER knowingly engaged in any acts of terrorism? Neither your truthful response nor information derived from your response to this question will be used as evidence against you in any subsequent criminal proceeding.

Yes: { } No: { ☒ }

g. Have you EVER participated in militias (not including official state government militias) or paramilitary groups?

Yes: { } No: { ☒ }

If you answered "Yes" to any of the questions above, explain.

Explanation

Additional Comments

Use the space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the item.

Additional Comments

Driver's License: North Carolina 32949882

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (*Sign in ink*)

Date

(Signature on file--see Investigation Request #6036895 Signature Forms)

Expected Attachments

If you need to submit additional documents with your request, give a brief title or description of each attachment you plan to provide (e.g., map with directions to residence). Providing this list is optional; however, doing so may assist the processing offices in accounting for all attachments. Include each attachment's page count. (One sheet with content on front and back is two pages.)

Write your social security number and the Investigation Request number on the margin of each attachment you submit.

Expected Attachments

(*No Entry Provided*)

FW: Additional Security Info Part 2b6
b7C

[REDACTED]

Sent: Monday, July 13, 2009 9:35 AM

To: [REDACTED]

Here is the second one.

[REDACTED]

From: ronald shurer [ronald.shurer@gmail.com]

Sent: Monday, July 13, 2009 8:20 AM

To: [REDACTED]

Subject: Re: Additional Security Info Part 2

I received the email back from my interpreter. His complete name is [REDACTED]

[REDACTED]

Ron Shurer

b6
b7C

On Sat, Jul 11, 2009 at 12:48 PM, ronald shurer <ronald.shurer@gmail.com> wrote:

Here is some of the info you required from the security interview:

[REDACTED]

I'm still waiting on a reply from my interpreter from Afghanistan with his additional information, but his name is [REDACTED] I will get that information to you as soon as possible. Please let me know if there is anything else you need.

Ron Shurer

[REDACTED]

7/14/2009

b7E

Electronic Questionnaires for Investigations Processing (e-QIP) Investigation Request #6036895

SIGNATURE FORMS

The signature(s) in this document refer to information on forms submitted in the e-QIP Investigation Request #6036895. The signature on the statement below is as valid as directly signing the same statement on a printed e-QIP Investigation Request #6036895 Official Archival Copy. This signed statement and an image of each page from the e-QIP Investigation Request #6036895 Official Archival Copy will be considered official record.

Sign and submit all forms in this document to the office that initiated your Investigation Request.

Data Hash Code:

Official Archival Copy PDF Hash Code:

Date/Time Certified in the e-QIP System: 2009-06-28 12:43:35.357

Applicant's Social Security Number: 175-60-0118

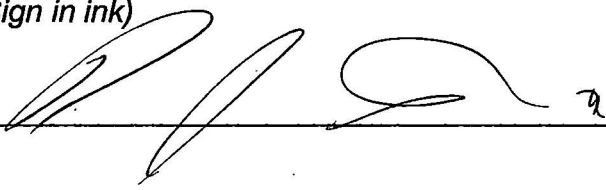
b7E

Questionnaire for National Security Positions (SF86 Format)

OMB No. 3206-0005

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)	Date
	28 Jun 2009

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved:
OMB No. 3206-0005
NSN 7540-00 634-4036
86-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.


I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) Ronald Joseph Shurer, II		Date signed (mm/dd/yyyy) 06/28/2009	
Other names used N/A			Date of birth 12/07/1978		Social Security Number 175-60-0118
Current street address 105 Ogletown Court	Apt.#	City (Country) Holly Springs	State NC	Zip Code 27540	Home telephone number N/A

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.


Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) Ronald Joseph Shurer, II		Date signed (mm/dd/yyyy) 06/28/2009	
Other names used NA				Social Security Number 175-60-018	
Current street address 105 Ogletown Court	Apt.#	City (Country) Holly Springs	State NC	Zip Code 27540	Home telephone number N/A

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, describe the nature of the condition and the extent and duration of the impairment or treatment. What is the prognosis?		
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

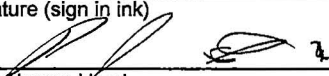
Personnel Consent to Release Information

To Whom It May Concern:

I hereby give consent to any authorized representative of the Federal Bureau of Investigation to obtain any information in your files pertaining to my academic, achievement, athletic, attendance, credit (including credit card and payment device numbers), disciplinary, employment, law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses), military, or professional license records (including any grievance records). I hereby direct each entity to which this form is presented to release such information upon request of the authorized recipient as described above, regardless of any other agreement or direction I may have made.

This consent is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation in connection with its determination of my suitability for employment and/or eligibility for new or continued access to classified information. Consent is granted for the Federal Bureau of Investigation to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of (i) my application for access to classified information or (ii) my affiliation with the Federal Bureau of Investigation, whichever is later.

Signature (sign in ink) 	Full Name (type or print clearly) Ronald Joseph Shwer II	Date Signed 28 June 2009
Other Names Used		Social Security Account No. 175-60-0118
Signature of Parent or Guardian (if required)	Place of Birth Fairbanks, AK	Date of Birth 7 Dec 1978
Signature <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Name & Title of Witness <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

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PRIVACY ACT STATEMENT

Authority: The collection of information requested by this form is authorized under Executive Order 10450, Security Requirements for Government Employees; Executive Order 12968, Access to Classified Information; and the Fair Credit Reporting Act, 15 U.S.C. §§1681 et seq. We are requesting your Social Security Account Number (SSAN) under Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. Providing requested information is voluntary; however, failure to furnish the requested information and consent will likely affect your eligibility for new or continued employment and/or access to classified information.

Principal Purpose: The information will be used principally to obtain such academic, achievement, athletic, attendance, credit, disciplinary, educational, employment, law enforcement, military, and professional license records as may be necessary to determine your suitability for employment and/or eligibility for new or continued access to classified information. Your SSAN identifies you throughout your affiliation with the U.S. Government and in most of the above-listed transactions. We will use your SSAN to accurately identify your records and to process investigations, inquiries, and/or determinations related to this consent.

Routine Uses: In addition to disclosures within the Department of Justice on a need-to-know basis, information reported on this form may be disclosed in accordance with all applicable routine uses as may be published at any time in the Federal Register, including all routine uses for the FBI Central Records System. These routine uses include the following disclosures: to potential sources in order to locate, seek, and obtain information or records pertaining to you; to any appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, or security matters to which the information may be relevant; to non-FBI employees performing Federal assignments; to courts or adjudicative bodies when the FBI considers it has an interest in the proceedings; or as otherwise mandated by law, treaty, or Executive Order.

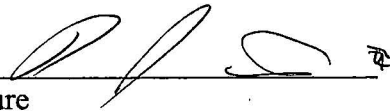
United States Department of Justice

**Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act
(Title 15, U.S. Code, Section 1681)**

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for Federal employment, during the course of your Federal employment (including employment under contract), and/or in connection with your security clearance or your access to classified information. One or more reports about you may be obtained for purposes of evaluating your fitness for employment, promotion, reassignment, retention, access to classified information, or other employment purposes.

I, Ronald Joseph Shurer II, hereby authorize the Department of Justice to obtain, and I further instruct any consumer/credit reporting agency to release to DOJ, any such report(s) for the above purposes.

Signature



Date

28 June 2009

Social Security Number

175-60-0118

Current Organization Assigned

**FBI Applicant
Illegal Drug Disclosure Form**

Have you ever sold any illegal drugs? Yes _____ No X

If YES, specify types of illegal drugs, amounts, dates and circumstances:

Have you ever used any illegal drugs? Yes _____ No X

If YES, specify the type of illegal drug, number of times used and date of most recent use:

Type	Number of uses	Date of most recent use	Did you ever buy	Date of most recent buy
Marijuana (pot, cannabis)	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
LSD (lysergic acid)	_____	_____	_____	_____
Hallucinogens (other)	_____	_____	_____	_____
Ecstasy	_____	_____	_____	_____
Inhalants	_____	_____	_____	_____
Steroids (after 02/1991)	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever misused/abused prescription drugs? (Use of a prescription medication for a non-medicinal purpose.) Yes _____ No X

If YES, specify type of prescription (e.g. pain killers, amphetamines), number of times used and date of most recent abuse and circumstances:

Use additional sheets if necessary to fully answer all above questions.

The above information is accurate and complete to the best of my recollection and is subject to verification through polygraph examination and/or background investigation.

Name: Ronald Joseph Shaver II

Signature: [Signature]

Social Security Number: 175-60-0118

Date: 16 Jul 2009

File Number: _____

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FW: Additional Security Info

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[redacted]
Sent: Monday, July 13, 2009 9:32 AM

To: [redacted]

[redacted]
Here is additonal info from Shurer. I am forwarding another e-mail also.
[redacted]

From: ronald shurer [ronald.shurer@gmail.com]

Sent: Saturday, July 11, 2009 12:48 PM

To: [redacted]

Subject: Additional Security Info

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Here is some of the info you required from the security intevieu:



I'm still waiting on a reply from my interpreter from Afghanistan with his additional information, but his name is [redacted] I will get that information to you as soon as possible. Please let me know if there is anything else you need.

Ron Shurer

[redacted] 7/14/2009

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**APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

U.S. Office of Personnel Management

Form Approved:
O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle) Shurer, Ronald, Joseph II	2. Name of Civil Service or Postal Service exam and/or job announcement number you have applied for or position which you currently occupy Special Agent Applicant
3. Home address (Street Number, City, State and ZIP Code) 105 Ogletown Court; Holly Springs, NC 27540	4. Date exam was held or application submitted

VETERAN INFORMATION (to be provided by person applying for preference)

5. Veteran's name (Last, First, Middle) exactly as it appears on Service Records Shurer, Ronald Joseph II	6. VA claim number, if any
7. Veteran's periods of service	
Branch of Service	From To Service Number
US Army	2002-11-21 05/21/2009 175-60-0118

TYPE OF 10-POINT PREFERENCE CLAIMED

Instructions: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The **Documentation Required** column refers you to the back of this form for the documents you must submit to support your application. (Please Note: Eligibility for veterans' preference is governed by 5 U.S.C. 2108 and 5 CFR Part 211. All conditions are not fully described on this form because of space restrictions. You should submit this completed form to the agency to which you are applying. They can also provide any additional information.)

		Documentation Required (See reverse of this form.)
<input checked="" type="checkbox"/> 8. Veteran's Claim for Preference based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.	----->	A and B
<input type="checkbox"/> 9. Veteran's Claim for Preference based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a 10% or more service-connected disability.	----->	A and C
<input type="checkbox"/> 10. Preference for a Spouse of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item A is No, you are ineligible for preference and need not submit this form.)	a. Are you presently married to the veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	C and H
<input type="checkbox"/> 11. Preference for a Widow or Widower of a veteran. (If your answer is No to item A or Yes to item B, you are ineligible for preference and need not submit this form.)	a. Were you married to the veteran when he or she died? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Have you ever remarried? Do not count marriages that were annulled. <input type="checkbox"/> Yes <input type="checkbox"/> No	A, D, E, and G (Submit G when applicable.)
<input type="checkbox"/> 12. Preference for (Natural) Mother of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and — your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, or — you are now widowed, divorced, or separated from the veteran's father and have not remarried, or — you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is No to item C or D, you are ineligible for preference and need not submit this form.)	a. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Are you separated? If Yes, do not complete C, go to D. <input type="checkbox"/> Yes <input type="checkbox"/> No c. If married now, is your husband totally and permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No d. If the veteran is dead, did he/she die in active service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran C, F, and H (Submit F when applicable.) Deceased Veteran A, D, E, and F (Submit F when applicable.)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

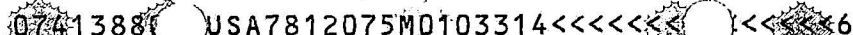
The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. (A false answer to any question may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001)).

<input type="checkbox"/> Preference entitlement was verified Name of Agency	This form must be signed by all persons claiming 10-Point preference Signature of person claiming preference	Date signed (Month, Day, Year) 06/28/2009
FOR USE BY APPOINTING OFFICER ONLY Signature of Appointing Officer	Title of Appointing Officer	Date signed (Month, Day, Year)

NOT VALID UNTIL SIGNED



TIPS FOR TRAVELERS

1. Make sure you have a valid passport, and visas, if required. In case of an emergency, a relative in the U.S. should have a passport also.
2. Call the State Department's Citizens Emergency Center, at (202) 647-5225 for information on the areas to be visited. Stay aware of events in the country you are visiting.
3. Make two photocopies of your passport identification page. Leave one copy at home. Carry the other with you in a separate place from your passport. This will facilitate replacement if your passport is lost or stolen.
4. Leave a copy of your itinerary with family or friends at home, so that you can be contacted in case of emergency.
5. When traveling in disturbed or remote areas, or if residing abroad, register and keep in touch with the nearest American Embassy or Consulate.
6. Do not leave luggage unattended in public areas or accept packages from strangers.
7. Avoid conspicuous clothing and expensive jewelry and do not carry excessive amounts of money or unnecessary credit cards.
8. In order to avoid violating local laws, deal only with authorized agents when exchanging money or purchasing souvenirs.
9. Familiarize yourself with local laws and customs of the countries to which you are traveling. While in a foreign country, you are subject to its laws.
10. Contact the nearest U.S. consul if you get into trouble.

Entrées / Entrées

Visas

C-L
SALIDA
GUAYAS

Departures / Sorties

068
MIGRACION
041
08 ABR 1996

REPUBLICA DEL ECUADOR
MIGRACION
041

C-L
ENTRADA
GUAYAS

068
MIGRACION
041
X 2 ABR 1996
300

REPUBLICA DEL ECUADOR
MIGRACION
041

IT IS THE RESPONSIBILITY OF THE PASSPORT BEARER TO OBTAIN THE NECESSARY VISAS.

LE TITULAIRE DU PASSEPORT EST SEUL RESPONSABLE DE L'OBTENTION DES VISAS REQUIS.

Amendments and Endorsements
Modifications et Mentions Spéciales

053425920

8019657116USA7812075M1101292<<<<<<<<<<<<<06

Amendments and Endorsements
Modifications et mentions spéciales
Enmiendas y Anotaciones

THE BEARER IS ABROAD ON AN OFFICIAL
ASSIGNMENT FOR THE UNITED STATES
GOVERNMENT.

802003177



FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1467516-000

Total Deleted Page(s) = 4

Page 11 ~ Duplicate;

Page 12 ~ Duplicate;

Page 17 ~ Duplicate;

Page 18 ~ Duplicate;

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X Deleted Page(s) X

X No Duplication Fee X

X For this Page X

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1600396-M

FBI Applicant Exam Authorization Form

TO: _____

175-60-0118

FROM: FBI Field Office Charlotte, NCExaminee: Ronald Joseph Shurer II D.O.B. 7 Dec 1978Job Position: SA ApplicantAppointment Date: 16 July 2009 Time: 1030**Bring all shot records (CDC - 731, International Certificate of Vaccination)****If female bring pap results (within the last 6 months)**

CPT Codes	Required	Core Components (lab)
80061	Required <input checked="" type="checkbox"/>	Lipid panel
80053	Required <input checked="" type="checkbox"/>	Blood metabolic panel
82977, 84550	Required <input checked="" type="checkbox"/>	GGT, Uric Acid
82955	Required <input checked="" type="checkbox"/>	G6PD
86900, 86901	Required <input checked="" type="checkbox"/>	Blood group & type
81001	Required <input checked="" type="checkbox"/>	Urinalysis
82270	Offer	Stool for occult blood X 3
85025	Required <input checked="" type="checkbox"/>	Complete blood count /w differential
CPT Codes	Required	Core Components (Screening Tests)
86580	Required <input checked="" type="checkbox"/>	Mantoux TB test, unless prior hx of conversion, with interpretation by medical provider
92551	Required <input checked="" type="checkbox"/>	Audiometry
71020	Required <input checked="" type="checkbox"/>	Chest x-ray P/A & lateral <i>ATB</i>
92120	Required <input checked="" type="checkbox"/>	Tonometry (IOT)
94010	Required <input checked="" type="checkbox"/>	Pulmonary function test
93000	Required <input checked="" type="checkbox"/>	Resting EKG 12 leads w/ interpretation
99172	Required <input checked="" type="checkbox"/>	Distant & near visual acuity w/ & w/o corrections
99172	Required <input checked="" type="checkbox"/>	Visual fields, strabismus
99172	Required <input checked="" type="checkbox"/>	Color vision
99385, 86, 87	Required <input checked="" type="checkbox"/>	History, PE, vitals (ht, wt, B/P, pulse, resp, temp)
CPT codes	If Indicated	Supplemental Components
88141	Females	If pap > 6 mos offer complete GYN exam
85660	If indicated	Sickle cell trait - black or Mediterranean descent

First Charlotte Physicians- Epicentre Examination

SHURER, RONALD

Date of Service: 07/14/2009

Medical Record Number: 21764063

MR#: 17986920

DOB: 12/07/1978

COMPREHENSIVE ASSESSMENT/PRE-EMPLOYMENT EXAMINATION

HISTORY OF PRESENT ILLNESS:

Ron is a 30-year-old man who comes in for a preemployment examination for the Federal Bureau of Investigation.

PAST MEDICAL HISTORY:

He has a past history of parotidectomy in the past, wisdom teeth removal, and LASIK eye surgery. He got out of the Army in May, having been a medic with Special Forces in Afghanistan. He has been diagnosed with hypercholesterolemia, taking Zocor 40 mg a day. No other new complaints or problems.

ALLERGIES:

No known allergies.

FAMILY HISTORY:

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SOCIAL HISTORY:

He is married and lives with

HABITS:

No tobacco. Occasional alcohol. HIV risk is low. Exercises daily. Sleeps 7 to 7 ½ hours a day. Has 5 small meals a day. Uses seat belts. No regular self exam.

PREVENTIVE HEALTH:

Flu vaccine was given intranasally in 2008. His shots are up to date. Has never had a colonoscopy.

REVIEW OF SYSTEMS:

General: Negative. EYES: Negative. ENT: Negative. CARDIAC: Negative. RESPIRATORY: Negative. GI: Negative. MS: Negative. SKIN/BREASTS: Negative. NEURO: Negative. PSYCH: Negative. ENDO: Negative. HEM/LYMPH: Negative. ALLERGY/IMMUNO: Negative.

PHYSICAL EXAMINATION:

VITAL SIGNS: Weight 153. Height 66 inches. Blood pressure 128/80.

GENERAL: Well-developed, well-nourished male in no acute distress.

HEENT: Pupils are equal and reactive to light and accommodation. Extraocular movements intact. Fundi benign. Ears negative. Tympanic membranes visualized and normal. Oropharynx unremarkable.

NECK: Supple without thyroid enlargement or bruit.

LYMPH: No cervical, supraclavicular, axillary or inguinal adenopathy.

HEART: Regular rate and rhythm without murmurs. No cervical or abdominal bruits. No femoral bruit. Peripheral pulses are palpable and equal in radial, carotid, femoral, dorsalis pedis and posterior tibial.

CHEST: Clear to auscultation and percussion.

BREASTS: Negative.

Examination

NAME: SHU, RONALD
MRN: 21764063

ABDOMEN: Soft. Normal bowel sounds. No masses, tenderness or palpable organomegaly.
MS: Back: No spinal or CVAT. Extremities: No joint deformity. Normal muscle tone. Full range of motion. Ambulation normal.
NEURO: Mental status normal. Patient oriented as to time and place. Cranial nerves are intact. Motor symmetric and sensation intact. No abnormal reflexes.
SKIN: Negative to inspection.
GU: Circumcised male. Testes descended no masses. No inguinal hernia.
RECTAL: Stool Hemoccult negative.

EKG and chest x-ray are done and will send him a report.



DD: 07/14/2009 12:34:51
TD: 07/14/2009 13:11:53
JOB: 800469/2037152

cc:

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*referred
H2010e*
✓

B

Shurer, Ronald
ID: 175600118

07/14/2009 10:22:10 Sinus rhythm

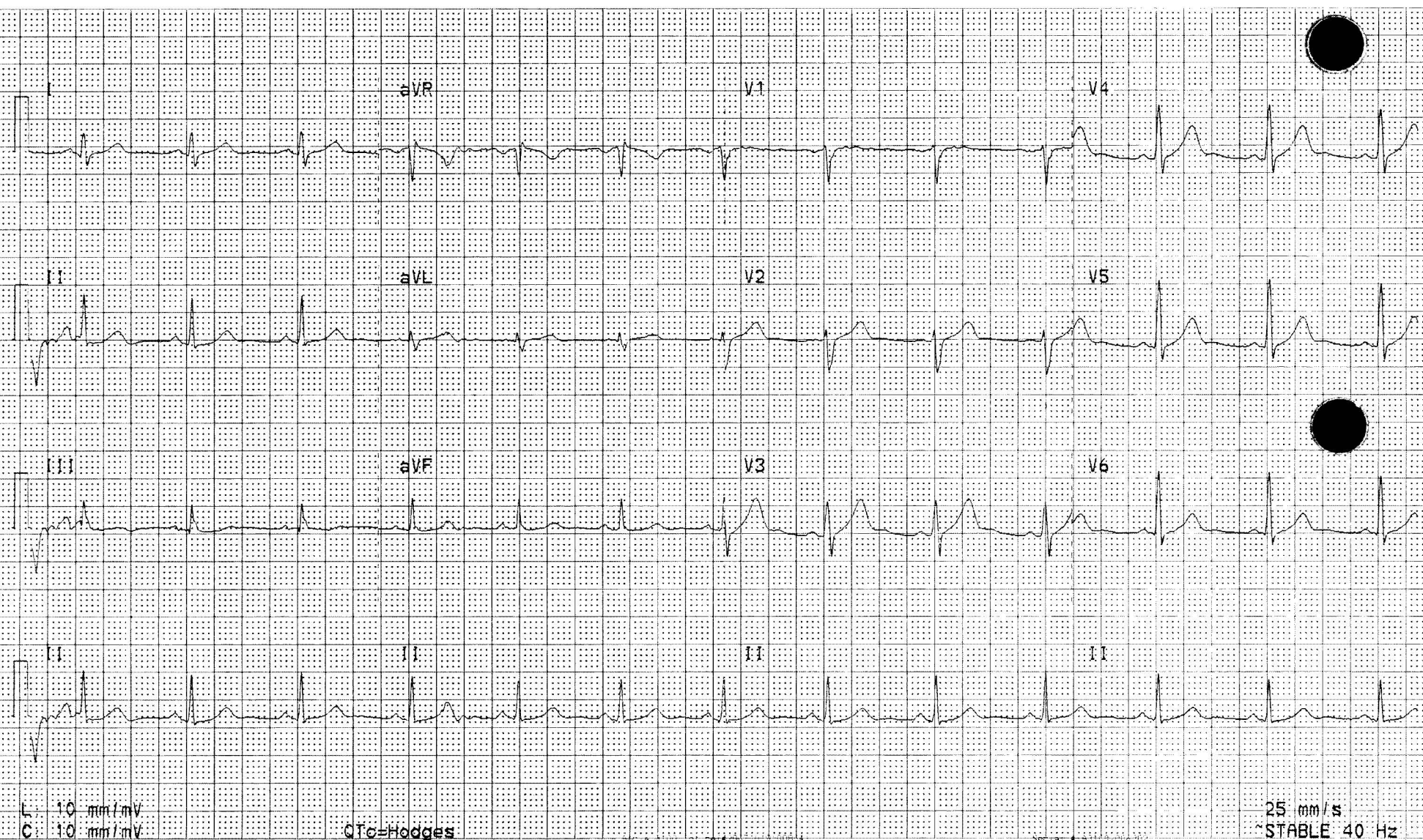
Normal ECG

* Unconfirmed Analysis *

D.O.B.: 12/07/1978 30 YEARS
MALE CAUCASIAN
Meds:
Class:
Dr:
Tech:

Vent. Rate: 77 bpm
RR Interval: 775 ms
PR Interval: 128 ms
QRS Duration: 86 ms
QT Interval: 376 ms
QTc Interval: 405 ms
QT Dispersion: 16 ms
P-R-T AXIS: 58° 73° 32°

RM



L 10 mm/mV
C 10 mm/mV

QTc=Hodges

25 mm/s
STABLE 40 Hz

Spirometry Report
Puritan-Bennett Renaissance II
S/N: GQ40701005

Version: 1.1.11

BEST 3 FVC/FVL REPORT

Session Date: 14JUL2009
 Session Time: 10:16AM
 Last Cal Check: 13JUL2009

ID: 175600118
 Name: **Ronald Shuren**
 Gender: MALE
 Medication:
 Dosage:

Height: 66" Physician:
 Age: 30YRS Technician:
 Weight: 153LBS
 Smoker: NO
 Ethnicity/Correction: CAUCASIAN

Sensor Code: 234619
 Temperature: 72F
 Barometric Press: 754mmHg
 BTPS Correction: 1.105
 Normals: KNUDSON 83

Clinical Format: PREMED - 10:17AM
 Best Criteria:

* Indicates Best Value
 VAL

< Indicates Below LLN

MEASUREMENT	Trial 1	%Pred	Trial 4	Trial 2	Pred	LLN
FVC (L)	5.51	122	5.55	5.58*	4.50	3.65
FEV1 (L)	4.60*	121	4.03	3.82	3.78	2.99
FEV1%	84	99	73 <	69 <	85	74
FEF25-75 (L/S)	4.84*	117	3.34	2.94	4.12	
PEF (L/S)	6.75*	77	6.01	5.77	8.75	
FET (S)	3.56*		4.35	4.46		

BEST FEV1% 82*

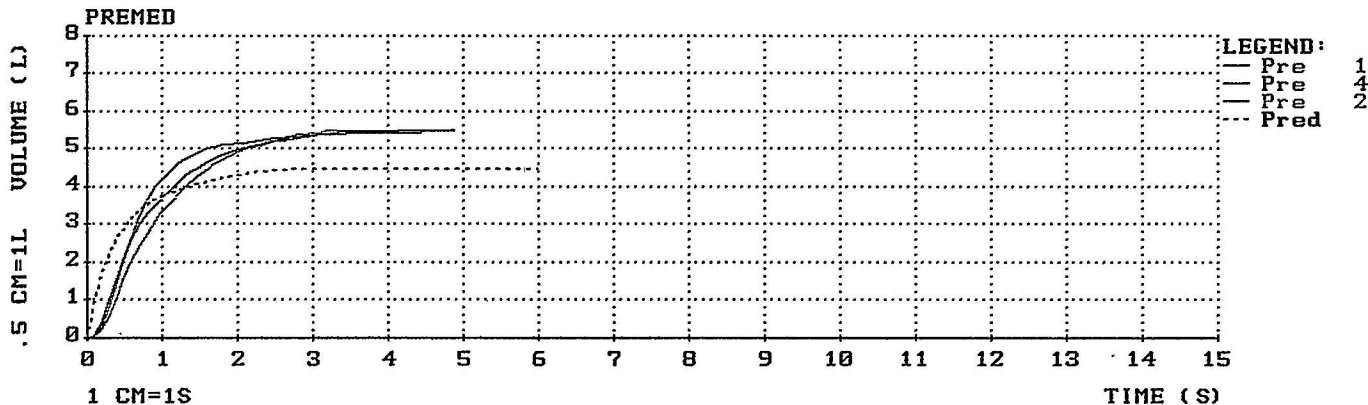
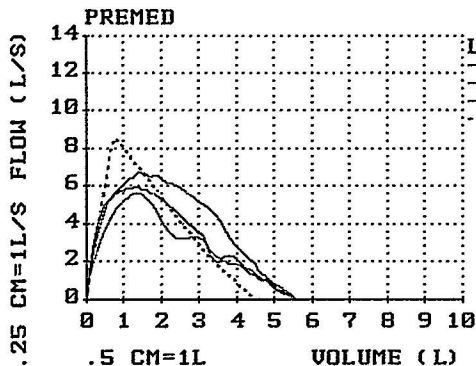
Report Summary:

Pre Med: Tests 4 Acceptable 0 Reproducible 0 FVC VAR: 29ML FEV1 VAR: 570ML PEF VAR: 739ML/S

ATS Interpretation:

PREMED - Normal Spirometry

Comment:



unBarker

FILE AS PAGE DIRECTLY BEHIND DD FORM 2766 ON LEFT SIDE OF MEDICAL RECORD

VACCINE ADMINISTRATION RECORD

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

This document complies with Article 80 of the World Health Organization International Health Regulations (IHR) of 1969. International Health Regulations call for this document to be accepted in lieu of the International Certificate of Vaccination (PHS Form 731) when traveling outside the United States. In accordance with the IHR, this automated record is an equivalent document issued by the United States Armed Forces.

By inserting the Vaccine Information Statement (VIS) version date in the applicable field, providers verify that the vaccine(s) annotated were administered and current VISs were given to the parent, legal guardian or patient. This form complies with federal record-keeping requirements of the National Childhood Vaccine Injury Act of 1986 as amended 14 December 1993. Parent, guardian, or patient signature is not required unless state law mandates a guardian signature and proof of informed consent.

Vaccine (Series)	Date	Manufacturer	Lot Number	Dosage	VIS Version	Administering Tech
ANTHRAX (1)	19-Sep-2007	Biopart	UNK	0.5 CC	04/24/2003	UNK
ANTHRAX (2)	3-Nov-2007	Unknown	FAV114	0.5 CC	04/24/2003	SSG SHURER
ANTHRAX (3)	20-Nov-2007	Unknown	FAV173	0.5 CC	UNK	SSG SHURER
ANTHRAX (4)	5-May-2008	Biopart	FAV176	0.5 CC	04/24/2003	
HEP A, ADULT (1)	15-Apr-2003	Unknown	0512M	1ML		UNK
HEP A, ADULT (2)	28-Sep-2004	Merck	0981M	1.0 CC		
HEP B, ADULT (1)	27-Nov-2002	Unknown	UNK	1.0 CC		UNK
HEP B, ADULT (2)	24-Jan-2003	Unknown	UNK	1.0 CC		UNK
HEP B, ADULT (3)	28-Apr-2003	Unknown	ENG5444A4	1ML		UNK
HEP B, ADULT (4)	16-Sep-2003	GlaxoSmithkline	ENG5444A4	1.0 CC		UNK
HEP B, ADULT (5)	28-Sep-2004	GlaxoSmithkline	AHBVA059AA	1.0 CC		
INFLUENZA SPLIT	7-Nov-2003	Unknown	U1129AA	0.5 CC		
INFLUENZA SPLIT	2-Nov-2006	Unknown	U2238AA	0.5 CC		
INFLUENZA, INTRANASAL	3-Nov-2007	Unknown	500485P	0.2CC	10/04/2007	SSG SHURER
INFLUENZA, INTRANASAL	13-Nov-2008	Unknown	500549P	0.2CC	07/24/2008	SSG SHURER
MENINGOCOCCAL	27-Nov-2002	Unknown	UNK	0.5 CC		UNK
MENINGOCOCCAL	19-Nov-2007	Unknown	UE514AA	0.5 CC	UNK	SSG SHURER
MMR	27-Nov-2002	Unknown	UNK	0.5 CC		UNK
POLIO, IPV	27-Nov-2002	Unknown	UNK	0.5 CC		UNK
RABIES, IM (1)	20-Jul-2006	Chiron	385011E	1.0 CC		
RABIES, IM (2)	1-Aug-2006	Chiron	396011C	1.0 CC		
RABIES, IM (3)	30-Oct-2006	Unknown	384011A	1.0 CC		
SMALLPOX	1-Aug-2006	Wyeth-Ayerst	4020072	3		

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Name: SHURER RONALD JOSEPH II		Sex: M
Status: Army Reserve		Rank: SSG
Service: Army	Sponsor's SSN: 175600118	DOB: 7-Dec-1978

DD FORM 2766C (Computer Generated) - MEDPROS

Printed 30-Jun-2009

Vaccine (Series)	Date	Manufacturer	Lot Number	Dosage	VIS Version	Administering Tech
TETANUS AND						

DIPHTHERIA, ADULT	27-Nov-2002	Unknown	UNK	0.5 CC		UNK			
TUBERCULIN SKIN TEST, PPD	27-Nov-2002	Unknown	UNK	0.1ML		UNK			
TUBERCULIN SKIN TEST, PPD	28-Sep-2004	Aventis	C1602AA	0.1ML					
TUBERCULIN SKIN TEST, PPD	20-Jul-2006	Aventis	C1907AA	0.1ML					
TUBERCULIN SKIN TEST, PPD	12-Mar-2007	Aventis	31812	0.1ML					
TUBERCULIN SKIN TEST, PPD	1-May-2008	Aventis	37258	0.1ML					
TUBERCULIN SKIN TEST, PPD	25-Sep-2008	Unknown	78539	0.1ML					
TYPHOID, ViCPs	15-Apr-2003	Unknown	U0705-2	UNK		UNK			
TYPHOID, ViCPs	27-Jul-2005	Unknown	Y0799	0.5 CC					
TYPHOID, ViCPs	12-Sep-2007	Unknown	UNK	0.5 CC	05/19/2004				
YELLOW FEVER	16-Sep-2003	Aventis	UB421AA	0.5 CC		UNK			
Immunization Exceptions									
Vaccine	Date	Exception	Expiration Date						
ANTHRAX	5-May-2008	Admin Temporary	30-Jun-2009						
VARICELLA		Medical Assumed	Indefinite						
LAST ITEM									
DO NOT MAKE ENTRIES BELOW THIS BLOCK									

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	Name: SHURER RONALD JOSEPH II		Sex: M
	Status: Army Reserve		Rank: SSG
	Service: Army	Sponsor's SSN: 175600118	DOB : 7-Dec-1978

DD FORM 2766C (Computer Generated) - MEDPROS

Printed 30-Jun-2009

PRESBYTERIAN REGIONAL HEALTHCARE CORPORATION

[] Founders Hall Office
100 N. Tryon Street
Suite 75
Charlotte, NC 28202
Phone (704) 384-1854
Fax (704) 384-1844

[] Mint Hill Family Practice
11307 Hawthorne Drive
Charlotte, NC 28227
Phone (704) 384-8760
Fax (704) 384-8783

[] Pineville Family Physicians
10516 Park Road
Charlotte, NC 28210
Phone (704) 384-9960
Fax (704) 384-9965

[] University Office
8401 Medical Plaza Drive
Suite 200
Charlotte, NC 28262
Phone (704) 384-1500
Fax (704) 384-1544

TITMUS OCCUPATIONAL RECORD FORM

A Bacou USA Company

NAME Ronald Shuren DATE 7-14-09

DEPT. _____ CLOCK NO. _____

AGE _____ M _____ F _____ CONTACT LENSES YES _____ NO _____

GLASSES YES _____ NO _____ BIFOCAL _____ TRIFOCAL _____ SPECIAL _____

LAST EXAM BY DOCTOR _____ CHANGE IN RX YES _____ NO _____

COMMENTS _____

FAR POINT (20 FT.) TESTS	1 Binoc. Vision	4 cubes	2 cubes	3 cubes															
	Target	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
	2 Both Eyes	T	R	R	L	T	B	L	R	L	B	R	B	T	R				
	3 Right	T	L	T	T	B	B	L	B	R	T	R	L	B	R				
	4 Left	L	R	L	B	R	T	T	B	R	T	B	R	L	L				
	Snellen Equivalents	20/200	20/100	20/70	20/50	20/40	20/35	20/30	20/25	20/22	20/20	20/18	20/17	20/15	20/13				
	5 Stereo Depth	1	2	3	4	5	6	7	8	9	B	L	B	T	T	L	R	L	R
	6 Color	A	B	C	D	E	F	12	5	26	6	16	0						
7 Vertical	1	2	3	4	5	6	7	1	2	3	4	5	6	7					
8 Lateral	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				
NEAR POINT (14 IN.)	1 Binoc. Vision	4 cubes	2 cubes	3 cubes															
	Target	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
	2 Both Eyes	T	R	R	L	T	B	L	R	L	B	R	B	T	R				
	3 Right	T	L	T	T	B	B	L	B	R	T	R	L	B	R				
	4 Left	L	R	L	B	R	T	T	B	R	T	B	R	L	L				
	7 Vertical	1	2	3	4	5	6	7	1	2	3	4	5	6	7				
	8 Lateral	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
	TEST DISTANCE	INCHES	20	22	26	31	40	CM	50	57	66	80	100						
CORRECT TEST LENS MUST BE USED FOR THESE TESTS																			
INTERMEDIATE	Target	1	2	3	4	5	6	7	8	9	10	11	12	13	14				
	2 Both Eyes	T	R	R	L	T	B	L	R	L	B	R	B	T	R				
	3 Right	T	L	T	T	B	B	L	B	R	T	R	L	B	R				
	4 Left	L	R	L	B	R	T	T	B	R	T	B	R	L	L				

Perimeter Right Temporal (85°) 75° 55° Nasal 45° Total _____
Score Left Temporal (85°) 70° 55° Nasal 45° Total _____
Both Eyes Total _____

Referred Yes _____ No _____

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First Charlotte PHYSICIANS
EPICENTRE

Presbyterian Novant Medical Group

Tuberculin (TB) Test

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Name: Shuren Ronald
Last First Middle

Home Address: 105 Ogleton Ct, Holly Spring, NC 27540

Telephone #: 910-725-1878

Operation Manager

Gwen S. McLachlan

Evidence of Tuberculin Test

Type of test: PPD Date given: 7-14-09

Location: Right Forearm 11:33 AM

Manufacturer: Pharmaceutical Lot #: 111056
EXP 10/10

Signature: [Redacted] Health Professional

Results of test: Negative ✓ Positive _____

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Date Read: 7/16/09

Comments:

[Redacted]



U.S. Department of Justice

Federal Bureau of Investigation

In Reply, Please Refer to
File No.

July 28, 2009

Dear: **Ronald Shurer**

67-1600396

Processing Field office: **Charlotte**

Job Title applying for: **Special Agent**

Physical Exam Status: **Incomplete**

Your physical examination performed on 07-14-2009 has been reviewed by a health care professional in Health Care Programs Unit.

We find that we need more clinical information to make a final determination in your case.

In order to remain an active candidate in the applicant hiring pool, you **must complete** the following by:
August 18, 2009.

b5
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We have received documentation of the following required immunizations, which are up-to-date:
Meningococcal (11/19/07), MMR, Polio and Tetanus (all administered on 11/27/02).

Sincerely yours,

Applicant RN Reviewer

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APPLICANT PHYSICAL EXAM CHECKLIST FOR 67-1600396-M.
SPECIAL AGENTS, ELECTRONIC TECHNICIANS, AUTOMOTIVE TECHNICIANS,
POLICE OFFICERS, AND INVESTIGATIVE SPECIALISTS (SSG)

NAME Ronald Shurer FBIHQ/FIELD OFFICE CE
POSITION SA
D.O.B. 12/7/78 D.O.P. 7/14/09 S.S.N. _____
30410.

Please place a check mark before each item to ensure completeness of physical. If any items/tests are omitted, obtain results before submitting to FBIHQ. Send the completed FD-277, lab work, checklist, EKG, FD-300, FD-300a, FD-760, doctors summary, and the original physical exam report (SF-88) to BAEU (Bureau Applicant Employment Unit)

REPORT OF MEDICAL EXAMINATION (SF-88)

- ☒ Questions 1 through 16 (by employee)
- ☒ Sections 18 through 42 (by physician)
- ☒ # 19d EKG with interpreted tracings
- ☒ # 20 Height 5'6" 153
- ☒ # 21 Weight
- ☒ # 26 & 27 Blood pressure and pulse
- ☒ # 28 Distant Vision (corr. & uncorrected) one reading 147/80.
- ☒ # 30 Near Vision (corr. & uncorrected) 130/80
- ☒ # 33 Color Vision (type & test result) - to be done only in initial physical 128/80.
- ☒ # 38 Intraocular Tension (IOT)-specific readings
- ☒ # 40 Audiometer-(500hz-8000hz)-baseline readings
- ☒ # 42 & 43 Notes & summary by examiner
- ☒ # 48 (Signed by examiner)
- ☒ Checked qualified for World Wide Duty
- ☒ Summary Report by examining physician
- ☒ FD-967 New Agent Physical Activities

LABORATORY TESTS

- ☒ Urinalysis
- ☒ CBC
- ☒ Blood Chemistry
- ☒ Hemocult

REPORT OF MEDICAL HISTORY (SF-93)

- ☒ Completed by examinee and signed
- ☒ Elaboration of pertinent data by examiner

→ LASIK surg. 2005 (vision 20/13 bilat uncorrected)
- former military (Marines)
severe bronchitis

b5
b7E

MANDATORY TESTS

- ☒ Chest x-ray (CXR)-PA and Lateral-
- (0+) ☒ Blood type and RH factor- to be done
- ☒ PFT (Pulmonary Function Test)
- N/A Pap Smear -female(test within six months by personal MD acceptable)
- ☒ Mantoux T.B. (PPD) test
- ☒ G6PD- to be done only in initial lab work
normal 279 (146-376)

Forms FD-300 & FD-300a

- ☒ Completed and signed by examiner
- ☒ Physical Fitness sheet - completed and signed by examiner
- ☒ FD 864 Immunizations MMR, Polio, Tetanus (Td) (TETANUS MUST BE WITHIN A TEN YEAR TIME FRAME) 11/27/02 11/27/02 11/27/02

all
UTD
Reviewed _____

Date: 7-28-07

Revised 5/4/04

11-19-07

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67 Number:

1600396

FBI Applicant Exam Authorization Form

TO: _____

FROM: FBI Field Office Charlotte, NCExaminee: Ronald Joseph Shurer II D.O.B. 7 Dec 1978Job Position: SA ApplicantAppointment Date: 16 Jul 2009 Time: 1030

Bring all shot records (CDC - 731, International Certificate of Vaccination)

If female bring pap results (within the last 6 months)

CPT Codes	Required	Core Components (lab)
80061	Required	<input checked="" type="checkbox"/> Lipid panel
80053	Required	<input checked="" type="checkbox"/> Blood metabolic panel
82977, 84550	Required	<input checked="" type="checkbox"/> GGT, Uric Acid
82955	Required	<input checked="" type="checkbox"/> G6PD
86900, 86901	Required	<input checked="" type="checkbox"/> Blood group & type
81001	Required	<input checked="" type="checkbox"/> Urinalysis
82270	Offer	<input checked="" type="checkbox"/> Stool for occult blood X 3
85025	Required	<input checked="" type="checkbox"/> Complete blood count /w differential
CPT Codes	Required	Core Components (Screening Tests)
86580	Required	<input checked="" type="checkbox"/> Mantoux TB test, unless prior hx of conversion, with interpretation by medical provider
92551	Required	<input checked="" type="checkbox"/> Audiometry
71020	Required	<input checked="" type="checkbox"/> Chest x-ray P/A & lateral <u>ATB 2009</u>
92120	Required	<input checked="" type="checkbox"/> Tonometry (IOT)
94010	Required	<input checked="" type="checkbox"/> Pulmonary function test
93000	Required	<input checked="" type="checkbox"/> Resting EKG 12 leads w/ interpretation
99172	Required	<input checked="" type="checkbox"/> Distant & near visual acuity w/ & w/o corrections
99172	Required	<input checked="" type="checkbox"/> Visual fields, strabismus
99172	Required	<input checked="" type="checkbox"/> Color vision
99385, 86, 87	Required	<input checked="" type="checkbox"/> History, PE, vitals (ht, wt, B/P, pulse, resp, temp)
CPT codes	If Indicated	Supplemental Components
88141	Females	If pap > 6 mos offer complete GYN exam
85660	If indicated	Sickle cell trait - black or Mediterranean descent

RECEIVED
2009 JUL 27 P 2:38
HEALTH SERVICES
FITNESS UNIT
JUL 27 2009

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 7-18-09
1. LAST NAME - FIRST NAME - MIDDLE NAME Shurer, Ronald Joseph II		2. IDENTIFICATION NUMBER 175-60-018	3. GRADE AND COMPONENT OR POSITION	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code) 105 Oakhorn Ct Holly Springs NC 27540		5. EME [Redacted] (Place of contact)		
6. DATE OF BIRTH 7 Dec 1978	7. AGE 30	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH Fairbanks AK		11. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY FBI	12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 6 1/2 b. CIVILIAN	
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS First Charlotte Physicians 210 E. Trade St. Charlotte NC 28202		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION Pre-employment.		

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17. CLINICAL EVALUATION			
NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP	<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)
<input checked="" type="checkbox"/>	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	<input checked="" type="checkbox"/>	P. TESTICULAR
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)	<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)
<input checked="" type="checkbox"/>	D. NOSE	<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	E. SINUSES	<input checked="" type="checkbox"/>	S. G-U SYSTEM
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT	<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 36)	<input checked="" type="checkbox"/>	U. FEET
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)	<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST	<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)	<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)	<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)	<input checked="" type="checkbox"/>	BB. BREASTS
		<input checked="" type="checkbox"/>	CC. PELVIC (Females only)

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

Reviewed 7/28/09

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																						
<table border="0"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>Restorable Teeth</td> <td>1</td> <td>2</td> <td>3</td> <td>Non-restorable Teeth</td> <td>1</td> <td>2</td> <td>3</td> <td>Missing Teeth</td> <td>1</td> <td>2</td> <td>3</td> <td>Replaced by Dentures</td> <td>1</td> <td>2</td> <td>3</td> <td>Fixed Partial Dentures</td> </tr> <tr> <td>32</td> <td>31</td> <td>30</td> <td></td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td></td> <td>32</td> <td>31</td> <td>30</td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> </tr> </table>	0	1	2	3	Restorable Teeth	1	2	3	Non-restorable Teeth	1	2	3	Missing Teeth	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial Dentures	32	31	30			32	31	30		32	31	30		32	31	30		32	31	30		0					1				X				X				X			<table border="0"> <tr> <td>R</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>L</td> </tr> <tr> <td>I</td> <td>32</td> <td>31</td> <td>30</td> <td>29</td> <td>28</td> <td>27</td> <td>26</td> <td>25</td> <td>24</td> <td>23</td> <td>22</td> <td>21</td> <td>20</td> <td>19</td> <td>18</td> <td>17</td> <td>E</td> </tr> <tr> <td>G</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F</td> </tr> <tr> <td>H</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>T</td> </tr> </table>	R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E	G																	F	H																	T	
0	1	2	3	Restorable Teeth	1	2	3	Non-restorable Teeth	1	2	3	Missing Teeth	1	2	3	Replaced by Dentures	1	2	3	Fixed Partial Dentures																																																																																																																				
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19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN			
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

NAME <i>Jhurer, Ronald Joseph II</i>	IDENTIFICATION NUMBER <i>175-62-0118</i>	NO. OF SHEETS ATTACHED
---	---	------------------------

MEASUREMENTS AND OTHER FINDINGS									
20. HEIGHT <i>66</i>	21. WEIGHT <i>153</i>	22. COLOR HAIR <i>Black</i>	23. COLOR EYES <i>Brown</i>	24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE	25. TEMPERATURE <i>98.6</i>				

26. BLOOD PRESSURE (Arm at heart level)					27. PULSE (Arm at heart level)				
A. SITTING SYS. <i>117</i> DIA. <i>80</i>	B. RECUMBENT SYS. <i>130</i> DIA. <i>82</i>	C. STANDING (5 mins.) SYS. <i>128</i> DIA. <i>80</i>	A. SITTING <i>85</i>	B. RECUMBENT <i>70</i>	C. STANDING (3 mins) <i>93</i>	D. AFTER EXERCISE <i>90</i>	E. 2 MINS. AFTER <i>80</i>		

28. DISTANT VISION			29. REFRACTION			30. NEAR VISION		
RIGHT 20'	<i>13</i>	CORR. TO 20'	BY	S.	CX	<i>20/17</i>	CORR. TO	BY
LEFT 20'	<i>13</i>	CORR. TO 20'	BY	S.	CX	<i>20/20</i>	CORR. TO	BY

31. HETEROPHORIA (Specify distance)							
ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION (Test used and result) <i>+11m05</i>		34. DEPTH PERCEPTION (Test used and score)		38. INTRAOCULAR TENSION	
RIGHT	LEFT	<i>6 of 6 Plates PASSED</i>				RIGHT <i>6</i>	LEFT <i>5</i>

35. FIELD OF VISION		36. NIGHT VISION (Test used and score)		37. RED LENS TEST	
RIGHT <i>85</i>	LEFT <i>85</i>				

39. HEARING			40. AUDIOMETER										41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT W/V	/15SV	/15	250	500	1000	2000	3000	4000	6000	8000				
			256	512	1024	2048	2896	4096	6144	8192				
LEFT W/V	/15SV	/15	RIGHT	<i>05</i>	<i>10</i>	<i>05</i>	<i>05</i>	<i>05</i>	<i>05</i>	<i>05</i>				
			LEFT	<i>05</i>	<i>05</i>	<i>05</i>	<i>05</i>	<i>05</i>	<i>10</i>	<i>05</i>				

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NORMAL E/M

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	45A. PHYSICAL PROFILE
---	-----------------------

	P	U	L	H	E	S
--	---	---	---	---	---	---

45. EXAMINEE (Check)	45B. PHYSICAL CATEGORY
A. <input type="checkbox"/> IS QUALIFIED FOR	
B. <input type="checkbox"/> IS NOT QUALIFIED FOR	

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E
---	---	---	---	---

48. TYPED	SIGNATURE
-----------	-----------

49. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
--	-----------

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
--	-----------

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE
---	-----------

NO. OF ATTACHED SHEETS:

MEDICAL RECORD

REPORT OF MEDICAL HISTORY

DATE OF EXAM

7-14-09

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT (Last, first, middle) <u>Shurer, Ronald Joseph II</u>		2. IDENTIFICATION NUMBER <u>175-60-0118</u>	3. GRADE
4a. HOME STREET ADDRESS (Street or RFD; City or Town; State; and ZIP Code) <u>105 Oaktown Ct, Holly Springs, NC 27540</u>		5. EXAMINING FACILITY <u>FIRST CHARLOTTE PHYSICIANS</u> <u>210 E Trade ST</u> <u>CHARLOTTE NC 28202</u>	
4b. CITY <u>Holly Springs</u>	4c. STATE <u>NC</u>	4d. ZIP CODE <u>27540</u>	
6. PURPOSE OF EXAMINATION <u>FBI SA Application</u>			

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Use additional pages if necessary)

a. PRESENT HEALTH <u>Excellent</u>	b. CURRENT MEDICATION		REGULAR OR INTERM.
	<u>Zosar 40mg</u>		<u>Regular</u>
c. ALLERGIES (Include insect bites/stings and common foods) <u>None</u>			
d. HEIGHT <u>5-6</u>		e. WEIGHT <u>150 1/2</u>	
8. PATIENT'S OCCUPATION <u>NA</u>		9. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis		X		Shortness of breath		X		Bone, joint or other deformity		X	
Tuberculosis or positive TB test		X		Pain or pressure in chest		X		Loss of finger or toe		X	
Blood in sputum or when coughing		X		Chronic cough		X		Painful or "trick" shoulder or elbow		X	
Excessive bleeding after injury or dental work		X		Palpitation or pounding heart		X		Recurrent back pain or any back injury		X	
Suicide attempt or plans		X		Heart trouble		X		"Trick" or locked knee		X	
Sleepwalking		X		High or low blood pressure		X		Foot trouble		X	
Wear corrective lenses		X		Cramps in your legs		X		Nerve injury		X	
Eye surgery to correct vision	X			Frequent indigestion		X		Paralysis (including infantile)		X	
Lack vision in either eye		X		Stomach, liver or intestinal trouble		X		Epilepsy or seizure		X	
Wear a hearing aid		X		Gall bladder trouble or gallstones		X		Car, train, sea or air sickness		X	
Stutter or stammer		X		Jaundice or hepatitis		X		Frequent trouble sleeping		X	
Wear a brace or back support		X		Broken bones		X		Depression or excessive worry		X	
Scarlet fever		X		Adverse reaction to medication		X		Loss of memory or amnesia		X	
Rheumatic fever		X		Skin diseases		X		Nervous trouble of any sort		X	
Swollen or painful joints		X		Tumor, growth, cyst, cancer	X			Periods of unconsciousness		X	
Frequent or severe headaches		X		Hernia		X		Parent/sibling with diabetes, cancer, stroke or heart disease		X	
Dizziness or fainting spells		X		Hemorrhoids or rectal disease		X		X-ray or other radiation therapy		X	
Eye trouble		X		Frequent or painful urination		X		Chemotherapy		X	
Hearing loss		X		Bad wetting since age 12		X		Asbestos or toxic chemical exposure		X	
Recurrent ear infections		X		Kidney stone or blood in urine		X		Plate, pin or rod in any bone		X	
Chronic or frequent colds		X		Sugar or albumin in urine		X		Easy fatigability		X	
Severe tooth or gum trouble		X		Sexually transmitted diseases		X		Been told to cut down or criticized for alcohol use		X	
Sinusitis		X		Recent gain or loss of weight		X		Used illegal substances		X	
Hay fever or allergic rhinitis		X		Eating disorder (anorexia bulimia, etc.)		X		Used tobacco		X	
Head injury		X		Arthritis, Rheumatism, or Bursitis		X					
Asthma		X		Thyroid trouble or goiter		X					

NSN 7540-00-181-8368
Previous edition not usableSTANDARD FORM 93 (REV. 8-96)
Prescribed by (CMR/GSA)
FIRM (41 CFR) 201-9.202-1

11. FEMALES ONLY						
CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		X
b. Inability to perform certain motions.		X
c. Inability to assume certain positions.		X
d. Other medical reasons (If yes, give reasons.)		X
13. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		X
14. Have you ever been denied life insurance? (If yes, state reason and give details.)		X
15. Have you had, or have you been advised to have, any operation. (If yes, describe and give age at which occurred.)	X	
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	X	
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	X	
18. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	X	
19. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)		X
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)		X
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations. (If yes, provide details.)		X
22. Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)		X

15.) Had parathyroidectomy in 1996 to remove benign tumor.
Had PRK in 2005 to correct vision.
16.) Spent one night in Good Samaritan Hospital, Puyallup WA for Pancreatitis, linked to being hit by car one week prior.
17.) Being treated for high cholesterol
18.) Denied medical waiver for Marine Corps 2001 for hx of pancreatitis.

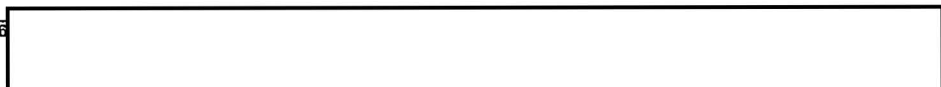
23. LIST ALL IMMUNIZATIONS RECEIVED

Anthrax, Hep A, Hep B, Influenza, Meningococcal, MMR, Polio, Rabies, Small Pox, Diphtheria, Typhoid, Yellow Fever
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
Ronald Joseph Shaver II		14 Jul 2005

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in Items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

26. 	26c. DATE
	7/14/09

LabCorp

Laboratory Corporation of America

LabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 800-762-4344

Specimen Number 195-227-0137-0		Patient ID		Control Number	Account Number 32822810	Account Phone Number 704-384-7085	Route 05
Patient Last Name SHURER				Account Address PHA FOUNDERS HALL			
Patient First Name RONALD		Patient Middle Name		210 E Trade Street Suite 230 D CHARLOTTE NC 28202			
Patient SS#	Patient Phone	Total Volume					
Age (Y/M/D) 30/07/07	Date of Birth 12/07/78	Sex M	Fasting Yes	Additional Information			
Patient Address							
Date and Time Collected 07/14/09 10:45	Date Entered 07/14/09	Date and Time Reported 07/16/09 05:41ET	Physician Name	NPI	[REDACTED]		

b6

b7c

Tests Ordered

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Routine; Lipid Panel With LDL/HDL Ratio; G-6-PD, Quant, Blood and RBC; ABO Grouping and Rho(D) Typing; Uric Acid, Serum; Phosphorus, Serum; LDH; GGT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	5.4		x10E3/uL	4.0 - 10.5	01
RBC	5.04		x10E6/uL	4.10 - 5.60	01
Hemoglobin	16.6		g/dL	12.5 - 17.0	01
Hematocrit	46.7		%	36.0 - 50.0	01
MCV	93		fL	80 - 98	01
MCH	32.9		pg	27.0 - 34.0	01
MCHC	35.5		g/dL	32.0 - 36.0	01
RDW	13.0		%	11.7 - 15.0	01
Platelets	222		x10E3/uL	140 - 415	01
please note reference interval change					
Neutrophils	61		%	40 - 74	01
Lymphs	31		%	14 - 46	01
Monocytes	7		%	4 - 13	01
Eos	1		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	3.3		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	94		mg/dL	65 - 99	01
BUN	15		mg/dL	5 - 26	01
Creatinine, Serum	1.07		mg/dL	0.76 - 1.27	01
eGFR	>59		mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	14			8 - 27	

SHURER, RONALD	195-227-0137-0	Seq # 0101
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FINAL REPORT

Page 1 of 3

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LabCorp
Laboratory Corporation of AmericaLabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 800-762-4344

Patient Name					Specimen Number		
SHURER, RONALD					195-227-0137-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
32822810			07/14/09 10:45	07/16/09	M	30/07/07	12/07/78
TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB	
Sodium, Serum	141		mmol/L	135 - 145		01	
Potassium, Serum	4.2		mmol/L	3.5 - 5.2		01	
Chloride, Serum	102		mmol/L	97 - 108		01	
Carbon Dioxide, Total	26		mmol/L	20 - 32		01	
Calcium, Serum	9.9		mg/dL	8.5 - 10.6		01	
Protein, Total, Serum	8.0		g/dL	6.0 - 8.5		01	
Albumin, Serum	5.0		g/dL	3.5 - 5.5		01	
Globulin, Total	3.0		g/dL	1.5 - 4.5			
A/G Ratio	1.7			1.1 - 2.5			
Bilirubin, Total	0.8		mg/dL	0.1 - 1.2		01	
Alkaline Phosphatase, S	86		IU/L	25 - 150		01	
AST (SGOT)	24		IU/L	0 - 40		01	
ALT (SGPT)	27		IU/L	0 - 55		01	

Urinalysis, Routine

Urinalysis Gross Exam

Specific Gravity	1.014			1.005 - 1.030		01	
pH	7.5			5.0 - 7.5		01	
Urine-Color	Yellow			Yellow		01	
Appearance	Clear			Clear		01	
WBC Esterase	Negative			Negative		01	
Protein	Negative			Negative/Trace		01	
Glucose	Negative			Negative		01	
Ketones	Negative			Negative		01	
Occult Blood	Negative			Negative		01	
Bilirubin	Negative			Negative		01	
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.9		01	
Nitrite, Urine	Negative			Negative		01	
Microscopic Examination	Microscopic follows if indicated.						01

Lipid Panel With LDL/HDL Ratio

Cholesterol, Total	185		mg/dL	100 - 199		01	
Triglycerides	106		mg/dL	0 - 149		01	
HDL Cholesterol	50		mg/dL	>39		01	
Comment	According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.						01
VLDL Cholesterol Cal	21		mg/dL	5 - 40			
LDL Cholesterol Calc	114	High	mg/dL	0 - 99			
LDL/HDL Ratio	2.3		ratio units	0.0 - 3.6			

G-6-PD, Quant, Blood and RBC

G-6-PD, Blood	1404		U/L	Undefined		01	
G-6-PD, Quant	279		U/10E12 RBC	146 - 376			

NOTE: The above G-6-PD, Quant result is the final, calculated value that should be used for patient G-6-PD status interpretation. This calculation is based upon the G-6-PD, Blood divided by the RBC result shown above.

SHURER, RONALD		195-227-0137-0	Seq # 0101
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FINAL REPORT

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LabCorp
Laboratory Corporation of AmericaLabCorp Burlington
1447 York Court
Burlington, NC 27215-3361

Phone: 800-762-4344

Patient Name					Specimen Number		
SHURER, RONALD					195-227-0137-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
32822810			07/14/09 10:45	07/16/09	M	30/07/07	12/07/78
TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL		LAB

ABO Grouping and Rho(D) Typing

ABO Grouping	O	01
Rh Factor	Positive	01

Please note: Prior records for this patient's ABO / Rh type are not available for additional verification.

Uric Acid, Serum	3.7	mg/dL	2.4 - 8.2	01
Phosphorus, Serum	3.3	mg/dL	2.5 - 4.5	01
LDH	177	IU/L	100 - 250	01
GGT	37	IU/L	0 - 65	01

01	BN	LabCorp Burlington 1447 York Court, Burlington, NC 27215-3361	Dir: [REDACTED]	b6
For inquiries, the physician may contact Branch: 800-382-2043 Lab: 800-762-4344				b7C

SHURER, RONALD	195-227-0137-0	Seq # 0101
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FINAL REPORT

Page 3 of 3

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Shurer, RONALD
ID: 175600118

07/14/2007 10:22:10

STIMULUS RHYTHM

Normal ECG

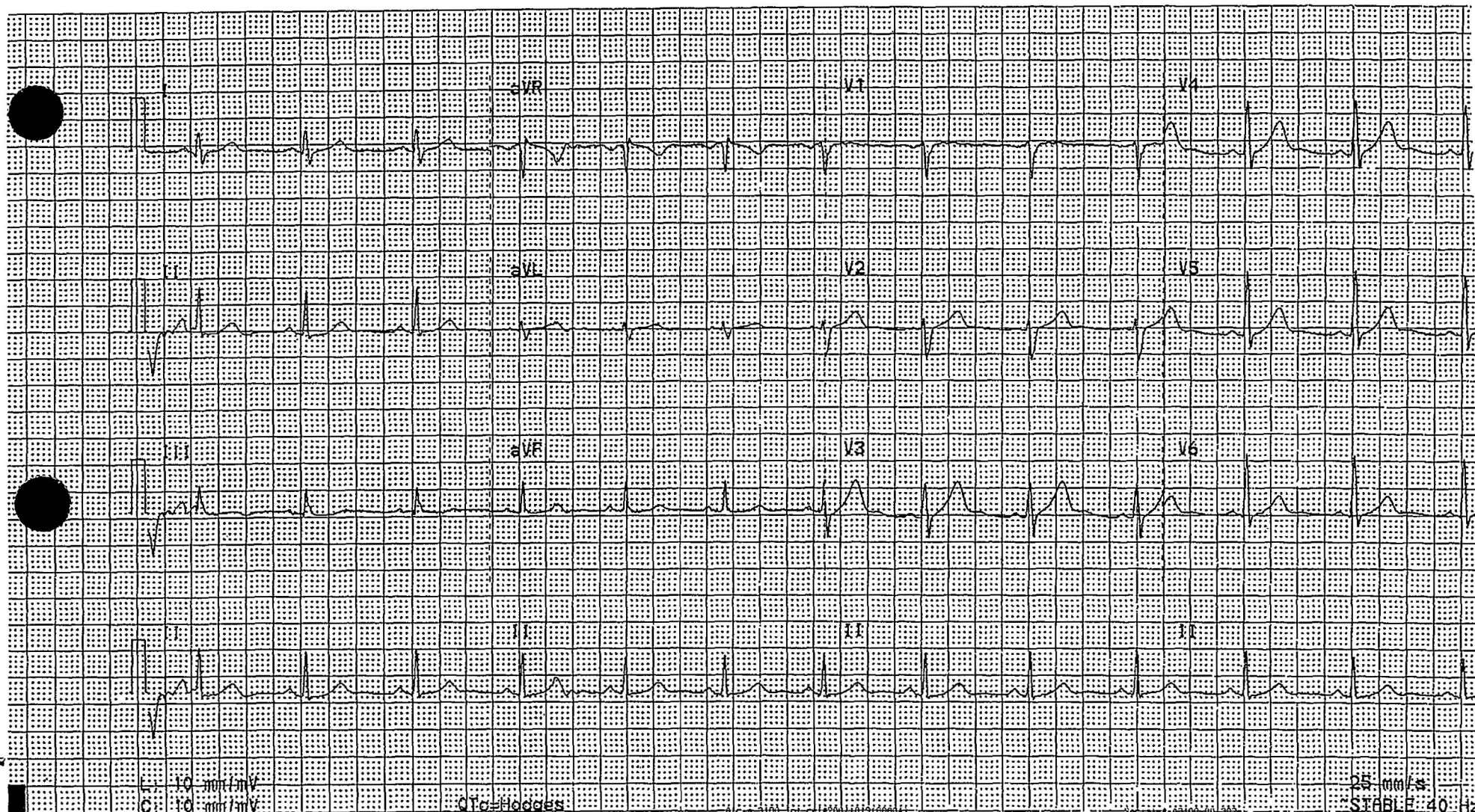
* Unconfirmed Analysis

D.O.B.: 12/07/1978 30 YEARS
MALE CAUCASIAN
Meds:
Class:
Dr:
Tech:

Vent. Rate: 77 bpm
RR Interval: 775 ms
PR Interval: 128 ms
QRS Duration: 86 ms
QT Interval: 376 ms
QTc Interval: 405 ms
QT Dispersion: 16 ms
P-R-T AXIS: 58° 73° 32°



b6
b7C



10 mm/mV
10 mm/mV

QTc-Hodges

25 mm/s
STABLE 40 Hz

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G040701005
Version: 1.1.11

Session Date: 14JUL2009
Session Time: 10:16AM
Last Cal Check: 13JUL2009

BEST 3 FVC/FVL REPORT

ID: 175600118
Name: **Ronald Shunga**
Gender: **MALE**
Medication:
Dosage:

Height: 66" Physician:
Age: 30YRS Technician:
Weight: 153LBS
Smoker: NO
Ethnicity/Correction: CAUCASIAN 100.0%

Sensor Code: 234619
Temperature: 72F
Barometric Press: 754mmHg
BTPS Correction: 1.105
Normals: KNUDSON 83

Clinical Format: PREMED - 10:17AM
Best Criteria:

* Indicates Best Value
VAL

< Indicates Below LLN

MEASUREMENT	Trial 1	%Pred	Trial 4	Trial 2	Pred	LLN
FVC (L)	5.51	122	5.55	4.58*	4.50	3.65
FEV1 (L)	4.60*	121	4.03	3.82	3.78	2.99
FEV1%	84	99	73 <	89 <	85	74
FEF25-75 (L/S)	4.84*	117	3.34	3.01	4.12	
PEF (L/S)	6.75*	77	6.01	5.77	8.75	
FET (S)	3.56*		4.35	4.44		

BEST FEV1% 82*

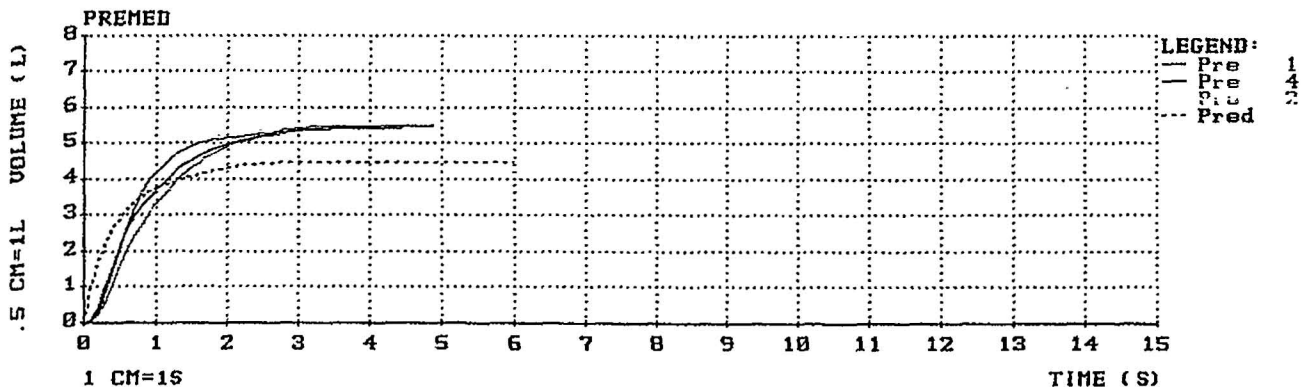
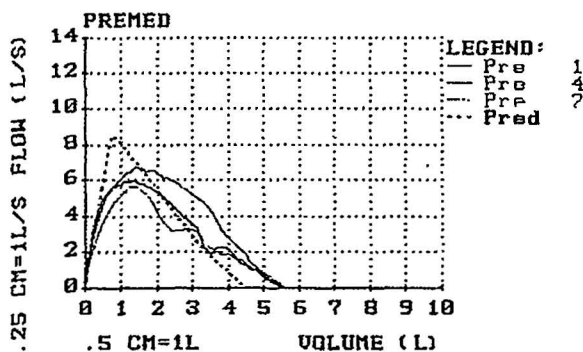
Report Summary:

Pre Med: Tests 4 Acceptable 0 Reproducible 0 FVC VAR: 29ML FEV1 VAR: 570ML PEF VAR: /39ML/S

ATS Interpretation:

PREMED - Normal Spirometry

Comment:



b6
b7c

FCP EpiCentre

210 E Trade Street, Suite D230
Charlotte, NC 28202
(704) 384-7085

Patient: shurer, ronald
105 Ogle Town Court
Holly springs, NC 27540

Age/DOB: 30 yrs 07-Dec-1978
EMRN: 17986920
OMRN: 17986920
Home: (910) 728-1878
Work:

Results

Lab Accession # 9540634

Ordering Provider:

Performing Location:

Collected: 07/14/2009 8:10:00AM

Resulted: 07/15/2009 3:37:00PM

Verified By:

Auto Verify:

b6
b7C

Chest Xray PA and Lateral

Stage: Final

Test

Result

Units

Flag Reference Range

Chest Xray

A00528--Attending MD

A00528--Ordering MD:

Date of Birth: 12/07/1978

Sex: M

Admit Date: 07/14/2009 12:04

PROCEDURE: AXR 0002- CHEST - Jul 14 2009

Accession #: B9540634

INTERPRETATION:

No comparison.

✓ CONCLUSION: Normal chest excluding a slight levoscoliosis of the thoracic spine.

Read by: MD 284539 on Jul 15 2009 3:35P

Transcribed by: N/A on Jul 15 2009 3:35P

b6
b7C

Printed by:

07/22/2009 7:29:00AM

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee Shur Ronald Joseph II
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	17	67	76
4	11	62	68	
8	14	65	72	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

69. Required for all examinees over 40 years of age.

71. Audiometer examinations must be afforded for all Special Agent applicants and Special Agents and decibel readings must be recorded at 500, 1000, 2000, 3000 and 4000 Hertz. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 25 decibel average (ANSI) in either ear in the frequency range 1000, 2000, and 3000 Hertz. No single reading in that range may exceed 35 decibels and no applicant will be accepted if found to have a hearing loss exceeding 35 decibels at 500 or 45 decibels at 4000 Hertz.

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Office of Personnel Management requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☒ small ☐ medium ☐ large

5. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____



7/14/09
Date

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b7C

NEW AGENTS MANDATORY PHYSICAL FITNESS TESTS

Upon completion of your examination of the applicant, are there any findings that would preclude the successful completion of the following physical fitness tests?

1. Pull-ups: Men (5)

Trainee hangs from a horizontal bar, palms turned away from face with arms fully extended. As the arms are flexed, trainee's body is pulled upward until his chin is up to and over the bar. Trainee's body is then lowered back to the hanging position with the arms fully extended.

☐ Yes ☒ No

Remarks:

Modified Pull-ups: Women (15)

Trainee lies on her back and extends arms upward, grasping horizontal bar with the palms of her hands turned away from her face. The bar is mounted three feet from the floor and two feet from the wall. Trainee's heels must be touching the floor with the legs and back held straight. As the arms are flexed, the body is pulled up to the bar to a position where the back of the upper arm is parallel to the floor. The body is then lowered back to the starting position. ☐ Yes ☒ No

Remarks:

2. Push-ups: Men and Women (35)

Trainee begins in front leaning rest position, hands on the floor, arms fully extended, body held straight with the toes touching the floor. As the arms are flexed, the body is lowered to the floor until the upper arm is parallel to the floor. Trainee completes the exercise after returning to the starting position. ☐ Yes ☒ No

Remarks:

3. Sit-ups: Men and Women (50)

Trainee lies on back interlacing the fingers of both hands behind the head. The knees are placed at a forty-five degree angle with the feet held in place or placed flat on the floor. Trainee raises upper body and touches the left elbow to the right knee and returns to the starting position. On the next sit-up trainee alternates elbows and touches the right elbow to the left knee and back to the starting position. ☐ Yes ☒ No

Remarks:

4. 120 Yard Shuttle Run: Men and Women (22 - 28 sec.)

The course is thirty yards long with one traffic cone (marker) at each end. Ten yards from each end cone, there are two cones set on the left and two cones set on the right sides of the center line, three feet apart, with the inside cones placed three feet on each side of the center line. Trainee begins by lying flat on back with head touching the base of the starting cone. On command, trainee regains feet by turning to the right and proceeds through the first set of double cones and on to the second set; on reaching the end cone, trainee turns or rounds end cone to the left and returns through the two sets of double cones, and rounds starting cone turning left and repeats the course. ☐ Yes ☒ No

Remarks:

5. Two Mile Run: Men and Women (2 miles - 16:30)

The distance is covered over rolling terrain. The running surface is black top asphalt road. ☐ Yes ☒ No

Remarks:



7/14/01
Date
b6
b7c

A scoring system is based on a profile of maximum achievement in all events. Physical training is afforded daily during the fifteen-week program. Failure of physical requirements may result in termination.

FEDERAL BUREAU OF INVESTIGATION
NEW AGENT PHYSICAL ACTIVITIES

EMPLOYEE INFORMATION

Name:

Shuron, Ronald Joseph II

Date:

14 Jul, 2009

AGENT PHYSICAL ACTIVITIES

Please indicate if applicant/trainee can perform the following:

1. Control Techniques: ☒ Yes ☐ No
Subject takedown requires grappling in both standing and sitting positions. This drill often includes the fugitive crawl with two trainees restraining a third.
2. Personal Weapon Attacks utilizing confrontation drills:
 - a.) Full contact boxing ☒ Yes ☐ No
 - b.) Kicks ☒ Yes ☐ No
 - c.) Fist to elbow strikes ☒ Yes ☐ No
3. Officer Survival Techniques: ☒ Yes ☐ No
This activity stresses live or die drills, weapons disarming and retention.
4. Carotid Restraint: ☒ Yes ☐ No
This technique is used against violently resisting subjects and requires a takedown from the standing position.
5. Handcuffing: ☒ Yes ☐ No
Actors or students who pose as arrest subjects sometimes resist strenuously.
6. Break Falls and Shoulder Rolls: ☒ Yes ☐ No
7. "O" Course to include:
 - a.) Climbing and Vaulting ☒ Yes ☐ No
 - b.) Jumping from High Obstacles ☒ Yes ☐ No
 - c.) Net rope climbing ☒ Yes ☐ No
8. Yellow Brick Road: ☒ Yes ☐ No
A 7.2 run - includes rope climbs and obstacles both natural and man-made.
9. Firearms: ☒ Yes ☐ No
This activity includes long periods of firing from a prone position. Students must also qualify on an obstacle course, which requires shooting from standing, kneeling and prone positions.

PHYSICIAN INFORMATION

Phys

Print

Date:

2/14/09

Telephone Number:

704 384 7085

List Specialty:

INT MED

Specialty Board Certified:

☒ Yes ☐ No

b6
b7C

FEDERAL BUREAU OF INVESTIGATION

Immunization Questionnaire

Name: Shurer, Ronald Joseph IIDate: 14 July 2009

Division: _____

SSN: 175-60-0118Known Medical Problems: High CholesterolBlood Type: OTAllergies: None

Please respond Yes, No or Unknown to the following questions. If Yes, please place the date, the dosage, facility where given, and person (if known), who gave it to you. If you have traveled overseas you should have all injections listed on your Travel Immunization Record. Some of these are a series of immunizations and some are childhood immunizations. A good resource is the college where you graduated.

Have you ever been immunized or had any of the following?

Immunization	Yes	No	Unk	Date	Dosage	Facility Where Injection Given	Person Giving Injection
Diphtheria/Tetanus (Td)	X			27 Nov 02	.5cc	Ft Jackson, SC	UNK
Dose one							
Dose two							
Dose three							
Hepatitis A (Havrix or VAQTA)							
Dose one	X			15 Apr 03	1ml	Ft Sam Houston, TX	UNK
Dose two	X			28 Sep 04	1ml	Ft Bragg, NC	
Hepatitis B							
Dose one	X			27 Nov 02	1ml	Ft Jackson, SC	UNK
Dose two	X			24 Jan 03	1ml	Ft Jackson, SC	UNK
Dose three	X			28 Apr 03	1ml	Ft Sam Houston, TX	UNK
Influenza	X			13 Nov 08	.5cc	Ft Bragg, NC	
Measles (3 days) (Rubella)							
Measles (9 days) (Rubeola)							
Meningococcal Meningitis (MM)	X			19 Nov 07	.5cc	Afghanistan	
MMR (Measles, Mumps, Rubella)	X			27 Nov 02	.5cc	Ft Jackson, SC	UNK

b6
b7c

Immunization	Yes	No	Unk	Date	Dosage	Facility Where Injection Given	Person Giving Injection
Pertussis (Whooping Cough)							
Dose one							
Dose two							
Dose three							
Polio							
Dose one	X			27 Nov 02	.5cc	FT Jackson, SC	UNK
Dose two							
Dose three							
Adult Booster (OPV)							
Rabies							
Pre Exposure							
Dose one	X			20 Jul 06	1cc	FT Bragg, NC	
Dose two	X			1 Aug 06	1cc	" "	
Dose three	X			3 Oct 06	1cc	" "	
Post Exposure							
Dose one							
Dose two							
Dose three							
Dose four							
Booster							
Typhoid (oral)	X			12 Sep 07	.5cc	FT Bragg, NC	
Yellow Fever	X			16 Sep 03	.5cc	FT Bragg, NC	UNK
Japanese Encephalitis							
Other							
Smallpox				1 Aug 06		FT Bragg, NC	
Anthrax				5 May 07		Afghanistan	

b6
b7C