

SECURITY QUESTIONNAIRE

(The applicant fills in the form personally, and signs it by handwriting)

1	PERSONAL DATA	
	First name, name of the father, surname	
	Date of birth	
	Place of birth (including the name of the country for the ones born abroad)	
	Personal identification number (PIN)	

2	OTHER USED NAMES and SURNAMES		
	Provide other name (s) and surname(s) and the period of time you used it/them (e.g.: your maiden name and surname, name and surname by a former marriage, former names and surnames).		
	Name and surname	from (m/y)	to (m/y)

3	IDENTIFICATION DATA	ID number	Date of issue:	
			Valid until:	
			Issued by:	
	Passport number	Date of issue:		
		Valid until:		
		Issued by:		

4	CONTACT INFORMATION	Phone number (Office)	Cell phone	E-mail address

5	CITIZENSHIP		
	CITIZENSHIPS OF OTHER COUNTRIES		Year of citizenship approval: Legal basis for citizenship approval
	FORMER CITIZENSHIPS		Period from-to: Legal basis for citizenship approval
	Are you currently in process of approval of citizenship by a country other than the Republic of North Macedonia? If yes, by which country?		

6	RESIDENCE INFORMATION	
	List the addresses where you have lived, beginning with your present residence (#1) and going backwards. All places of residency must be listed.*	
	Period from-to (m/y)	Address
1		
2		
3		
4		
	If you currently live on a temporary address, provide it:	

7	EDUCATION		
	List the education institutions you have attended beginning with the latest (#1) and going backwards until and including secondary school. *		
1	Name and location of the education institution		
	Period from-to (m/y)	Degree awarded/ level of education acquired	Year of graduation
2	Name and location of the education institution		
	Period from-to (m/y)	Degree awarded/ level of education acquired	Year of graduation
3	Name and location of the education institution		
	Period from-to (m/y)	Degree awarded/ level of education acquired	Year of graduation
4	Name and location of the education institution		
	Period from-to (m/y)	Degree awarded/ level of education acquired	Year of graduation
	If you have completed part of your education or professional training in another country, list the period, educational institution and country (explain in more details for ex: students exchange program, specializations etc.).		

* If there is not enough space for answers you can use a separate sheet of paper which you will attach at the end of the questionnaire.

8		EMPLOYMENT DATA	
List all of your employments, beginning with the present (#1) and going backwards. *			
1	Period from-to (m/y):		
	Name and location of the employer		
	Job title		
	Supervisor's name and telephone number for contact		
2	Period from-to (m/y):		
	Name and location of the employer		
	Job title		
	Supervisor's name and telephone number for contact		
3	Period from-to (m/y):		
	Name and location of the employer		
	Job title		
	Supervisor's name and telephone number for contact		

9		CHARACTER REFERENCES		
Provide three people who know you well and who live in the Republic of North Macedonia. They should be good friends, partners, colleagues, college roommates etc. Do not list your spouse, former spouse (s) or other relatives and try not to list anyone listed elsewhere in this questionnaire.				
	Name and surname	Address		Telephone number
1				
2				
3				

* If there is not enough space for answers you can use a separate sheet of paper which you will attach at the end of the questionnaire.

10	MARITAL STATUS			
	Circle the answer that applies to your current marital status and provide data for your spouse/partner in the table(s) "a" and/or "b".	Single	Cohabitation	Divorced
		Married	Separated	Widowed
a	SPOUSE/PARTNER			
	Name and surname			
	Date and place of birth		Citizenship	
	Personal identification number (PIN)		Citizenship of another country	
	Former name and surname		Former citizenship	
	Address of the spouse/partner, if different from your current address			
b	FORMER SPOUSE			
	Name and surname			
	Date and place of birth			

11	FAMILY			
a	Children			
	Name and Surname	Date and place of birth	PIN	Citizenship*

b	Persons older than 18 years of age living in the same household				
	Name and Surname	Relationship	Date and place of birth	PIN	Citizenship*

c	Parents	Name and Surname	Date and place of birth	PIN	Citizenship*
	of the applicant				
	of the spouse/partner				

* List the current citizenship as well as former citizenships and citizenships of other countries if they have one.

12	MILITARY AND POLICE SERVICE					
	Served military service	YES / NO	Unit		rank	
	Military personnel	YES/ NO	Unit		rank	
	Police officer	YES / NO	Police unit- station		rank	

13	FOREIGN ACTIVITIES				
a	Do you have any business relations or financial interests in a foreign country?			Yes	No
b	Are you now or have you ever been employed/engaged by a foreign government, agency or company?			Yes	No
c	Have you ever had any contact with official institutions of foreign country, its representing offices (such as embassies or consulates), members of military, security, intelligence and other services, except for the official needs from your job position? (Do not include the routine visa applications and the border crossings related contacts)			Yes	No
If you answered "Yes" under a), b) or c) above, explain more below: provide the dates and names of the companies, institutions and persons and an explanation of your involvement*.					

14	FOREIGN TRAVEL		
List the foreign countries where you have resided for more than 3 mounts, beginning with the latest (#1) and going backwards*.			
	Period from-to (m/y):	Reason	Address and country
1			
2			
3			
4			

15	DATA FOR CRIMINAL AND MISDEMEANOUR RECORDS				
For this section provide information regardless whether the record in your case has been expunged from the court records. (Do not list the small traffic penalties)					
a	Has there been or is there an ongoing process against you for a criminal or minor offence?			Yes	No
b	Have you been pronounced any final or non-enforceable court verdict or decision?			Yes	No
If you answered "Yes" under a) or b) above, explain below: what is the nature of the offence, when and at which court the process took place, and what is the verdict/ decision of the court*.					

* If there is not enough space for answers you can use a separate sheet of paper which you will attach at the end of the questionnaire.

16	DRUGS AND ALCOHOL RELATED ACTIVITIES		
a	Do you or have you ever used drugs or psychotropic substances?	Yes	No
b	Are you or have you ever been involved in illegal manufacturing or sale of drugs or psychotropic substances?	Yes	No
c	Are you or have you ever been an alcohol addict?	Yes	No
If you answered "Yes" under a), b) or c) above, explain in more details:			

17	MEDICAL RECORD		
a	Principal medical facility and personal physician		
	Contact information about your personal physician		
b	Are you or have you ever been treated for psychiatric disorders?	Yes	No
	If you answered "Yes" above, give information about the illness, time and period of treatment		

18	PREVIOUS SECURITY CLEARANCES		
a	Have you ever been granted a security clearance?	Yes	No
b	Have you ever been denied a security clearance?	Yes	No
c	Have you ever been revoked a security clearance? Note: Administrative downgrade of the level of the security clearance or termination of its validity is not considered a revocation.	Yes	No
If you answered "Yes" under a), b) or c) above, explain in more details below: *			
<ul style="list-style-type: none"> - When did you have a security clearance and for which employer it was issued, what was the type and level of the security clearance and the period of its validity? - Which security clearance have you been denied or revoked, did you file a complaint against the decision and what was the end result of your complaint? 			

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19	PERSONAL FINANCIAL AND PROPERTY RECORD	
a	Regular monthly income expressed in MKD	
b	If you have other revenues, list them together with their value expressed in MKD	
c	Approximate total market value of the real estate, other property and amount of money expressed in MKD	
d	If you have financial obligations (credits) list their total amount	
e	Tax evasion/offences? If you answer with "Yes", list the offences with the period when they have happened.	

20	SECURITY RISK	
a	Have you ever been a member of an organization whose goal was to violently overthrow the constitutional orders of the Republic of North Macedonia and of the NATO and EU member countries?	Yes No
b	Have you ever been involved in activities whose goal was to violently overthrow the constitutional orders of the Republic of North Macedonia and the NATO and EU member countries?	Yes No
c	Have you ever been involved in terrorist activities?	Yes No
If you answered "Yes" under a), b) or c), explain in more details below:		

21	SOCIAL MEDIA	
	Do you have or have you ever had active profiles on the social media networks?	Yes No
	If you answered "Yes", list the profiles and the social media networks?	

STATEMENT

By filling and signing this questionnaire I declare under complete moral and penal responsibility and material liability that the data given in this questionnaire and in all its attachments, is true, complete, and correct to the best of my knowledge and belief and that I agree the data to be checked for the purpose of issuing a personnel security clearance for access to classified information.

Date of signing

Full name and signature (signed with a pen)

_____ 20_____
