DEPARTMENT OF HOMELAND SECURITY United States Secret Service

SPECIAL AGENT AND UNIFORMED DIVISION PRE-EMPLOYMENT REVIEW (SUPER) INTERVIEW APPLICANT ACKNOWLEDGEMENT/NONDISCLOSURE AGREEMENT

1. APPLICANT NAME (LAST, FIRST, MI):		2. INTERVIEW DATE (MM/DD/YYYY):
3. APPLICANT'S LAST 4 DIGITS OF SSN: (0000)	4. INTERVIEW LOCATION: (3 LETTER OFFICE CODE)	5. JOA #:
SECTION A: JO	B REQUIREMENTS BRIEFING ACKNOWLED	OGEMENT
	and select those that apply. Then print, sign	
	equirements of the U.S. Secret Service SA/U complete this item for interviews conducted	
I certify that I have reviewed and u	nderstand the "Secret Service Applicant Dru	ıg Policy" (SSF 4018).
	ecret Service SA/UD Entry-Level position, <u>I</u> and that I may reapply at any time. <i>(Only col</i>	
APPLICANT PRINTED NAME	APPLICANT SIGNATURE	DATE
SECTION	B: APPLICANT NONDISCLOSURE AGREEM	ENT
understand and agree to the following terms ar 1. During this interview, I understand the investigative, and/or hiring processe	aat I may be exposed to or obtain information rela	ating to the Agency's protective,
reproduce, publish, or disclose inter- approval from the Secret Service.	view questions, or disclose any other sensitive in	nformation, without prior
_	e information, including interview questions, obta tion from the Secret Service application process.	_
obligations, rights, or liabilities creat (2) communications to Congress, (3) regulation, or mismanagement, a gro public health or safety, or (4) any oth	and do not supersede, conflict with, or otherwised by existing statute or Executive Order relating the reporting to an Inspector General of a violations waste of funds, an abuse of authority, or a sufer whistleblower protection. The definitions, requestions of the executive Orders and statutory provisions.	g to (1) classified information, on of any law, rule, or bstantial and specific danger to uirements, obligations, rights,
By signing this document I am indicating tha	t I acknowledge and agree to the aforementioned ter	ms.
APPLICANT SIGNATURE OF A	CKNOWLEDGEMENT	DATE

Privacy Act Statement: Information requested on this form is collected under authority of Executive Order 9397. This information will be used to identify and separate individuals with similar or identical names or initials. Disclosure of your name and Social Security number is voluntary; however, failure to provide this information may prohibit processing of your application.