

POST-GOVERNMENT EMPLOYMENT QUESTIONNAIRE

The purpose of this questionnaire is to give your ethics counselor information needed for an opinion on the propriety of proposed post-government service activities.

The Joint Ethics Regulation (DOD 5500.7-R) and 41 USC § 423 allow you to request a written agency ethics opinion on post-government employment restrictions. However, if the information provided is incomplete or false, or if you fail to follow your ethics counselor's advice, you cannot rely on this opinion as a defense to any civil or criminal action.

Ethics advice is based upon information given at that time. As circumstances change, the advice originally given may no longer be accurate. In such cases, you may want to submit a new questionnaire for another ethics opinion.

Information must be legible. Spell out acronyms when used the first time. You must answer all the questions in order to receive advice. If a question does not apply, or you have no information to provide in response, you should indicate so by providing a negative response; do not leave any answer sections blank.

SUBMIT THIS QUESTIONNAIRE AND REQUEST TO THE ETHICS COUNSELOR WHERE YOU WERE LAST ASSIGNED OR STATIONED.

PRIVACY ACT STATEMENT

AUTHORITY: PRIVACY ACT OF 1974 (5 USC 552 (A) (7)), 41 U.S.C. § 423, 5 C.F.R. 2635.602.

PRINCIPAL PURPOSE: TO ENABLE ETHICS COUNSELORS TO RENDER ADVICE TO MILITARY AND CIVILIAN EMPLOYEES LEAVING GOVERNMENT SERVICE.

ROUTINE USE: INFORMATION PROVIDED IS NOT CONFIDENTIAL. THE ETHICS COUNSELOR IS THE GOVERNMENT'S REPRESENTATIVE. **THERE IS NO ATTORNEY/CLIENT RELATIONSHIP ESTABLISHED BETWEEN THE ETHICS COUNSELOR AND THE INDIVIDUAL**, AND THE ETHICS COUNSELOR MAY NOT ACT AS AN ATTORNEY ON BEHALF OF ANYONE SUBMITTING THIS INFORMATION. THE INFORMATION WILL BE USED FOR PROVIDING WRITTEN ETHICS ADVICE. IT WILL BE RETAINED FOR SIX YEARS AND WILL BE AVAILABLE TO ETHICS COUNSELORS, FINANCE PERSONNEL, AND OTHER APPROPRIATE PERSONNEL RESPONSIBLE FOR COMPLIANCE WITH POST-GOVERNMENT EMPLOYMENT RESTRICTIONS.

DISCLOSURE: VOLUNTARY. NO CRIMINAL, CIVIL OR OTHER PENALTIES WILL FOLLOW FROM REFUSAL TO PROVIDE REQUESTED INFORMATION. HOWEVER, FAILURE TO FULLY DISCLOSE INFORMATION REQUESTED COULD RESULT IN RECEIPT OF INCOMPLETE ADVICE OR THE INABILITY TO PROVIDE WRITTEN ETHICS ADVICE PURSUANT TO 41 U.S.C. § 423.

NOTE: THERE IS NEITHER AN ATTORNEY-CLIENT RELATIONSHIP NOR AN ATTORNEY-CLIENT PRIVILEGE CREATED BETWEEN YOU AND THE ETHICS COUNSELOR. INFORMATION PROVIDED ON THIS FORM OR TO THE ETHICS COUNSELOR IS NEITHER CONFIDENTIAL NOR PRIVILEGED.

I. PRIOR ETHICS ADVICE

Have you received any oral or written ethics advice from a Government Ethics Counselor, inside or outside of DOD, concerning your job search or prospective employment?

[] YES [] NO

If yes, provide name and contact information of the ethics official who advised you.

II. CONTACT INFORMATION

Name: _____

Government Email: _____

Office Phone: _____

Office Address: _____

Home Phone: _____

Home Address: _____

Address to which you want your written advice sent:

[] OFFICE [] HOME

Grade or Rank of Current Position: _____

Date Reported to Current Position: _____

Projected Retirement Date: _____

Terminal Leave Date: _____

III. BASIC INFORMATION

1. During the last year, did you file an SF 450, Confidential Financial Disclosure Report?

[] YES [] NO

2. If you answered yes to the previous question, what position did you file the SF 450 for?

3. Have you ever filed an SF 450, Confidential Financial Disclosure Report?

[] YES [] NO

4. If you answered yes to the previous question, explain your answer in detail. Include positions you held which required the filing of a disclosure and the dates you held those positions:

5. Have you ever issued a disqualification statement, changed jobs, had your duties changed, or taken any other action to resolve a potential conflict of interest with your official duties?

[] YES [] NO

6. If you answered yes to the previous question, explain your answer in detail. Include the positions you held, duties which created the potential conflict of interest, and what the potential conflict of interest involved.

7. What is/was your current (or last) position with the Department of Defense and how long have you held that position? Include in your answer the organization or command you worked for and your duty station. Do not use acronyms or abbreviations.

8. Describe your current duties. Provide specific details, including names of programs and contracts involved, for any duties you have related to defense contracts, acquisitions, and any functions related to contract management. This includes responsibility as a supervisor over contract or acquisition functions. If you have no duties related to defense contracts, acquisitions, or any functions related to contract management, indicate that you have no such duties.

9. With whom are you seeking future employment?

10. What actions have you taken concerning your future employment?

11. For any future employment, what is your proposed job title and description of duties, if known?

12. Would your duties with a prospective future employer require you to work aboard a Federal installation?

[] YES [] NO

13. If you answered yes to the previous question, identify the Federal installation you may be required to work aboard and indicate whether you ever worked aboard that same installation as a Federal employee or Uniform Service Member.

IV. PROCUREMENT INTEGRITY ACT

1. Since 1 January 1997, have you been assigned to the following duties or personally taken any of the following actions involving a contract award, payment, or claim **in excess of \$10,000,000?**

a. Procuring Contracting Officer or Source Selection Authority?

[] YES [] NO

b. Service as a **Member** of a Source Selection Evaluation Board or as **Chief** of a Financial or Technical Evaluation Team?

[] YES [] NO

c. Program Manager, Deputy Program Manager, or Administrative Contracting Officer?

[] YES [] NO

d. Award of a contract, subcontract, modification, task or delivery order, or payment of a contract claim?

[] YES [] NO

e. Establishing overhead or other rates?

[] YES [] NO

f. Approval of a contract payment?

[] YES [] NO

2. If you answered yes to performing any of the functions listed above, identify the contract(s) in which you performed

the indicated function, including the dates you took the action or were last involved in the process.

V. ATTACHMENTS

In order to provide accurate and relevant advice, review and provide copies of the documents listed below.

- [] Most Recent OER Support Form or Performance Evaluation
- [] Position Description for last position held (if applicable)
- [] Job description for future employment (if applicable)
- [] Other relevant OER Support Forms or Performance Evaluations (if applicable)
- [] Other relevant position descriptions (if applicable)
- [] Other relevant documents (identify if provided)

REQUEST

I request a written ethics opinion based on the information I provided in response to this questionnaire. I certify the information provided is true and correct to the best of my knowledge and belief.

Signed _____ Dated _____