

331**REGULATION
Of the National Security Authority****Of 10 May 2004****On Personnel Security and on the Examination of Security Employees**

The National Security Authority (hereinafter referred to as „the Authority“) stipulates, pursuant to Article 6, paragraph 10 and Article 9, paragraph 2 of Act No. 215/2004 Coll. on Protection of classified information and on amending and supplementing certain laws (hereinafter referred to as „the Act“), the following:

Article 1

This Regulation regulates the particulars of procedure in designating a person to acquaint with classified information, on the expiry of designation and on the examination of security employees.

Article 2**Procedure in Designating a Person to Acquaint with Classified information**

(1) The head¹ performing Level I security clearance for the security classification level Restricted shall evaluate the submitted source materials². The Personnel Questionnaire of the proposed person is shown in Annex No. 1. Upon signing the evaluation, the head informs the person of the obligations in protecting classified information and of the potential consequences of violation, and provides for signature of the record of designating the person to acquaint with classified information in accordance with Annex No. 2, and of the confidentiality declaration in accordance with Annex No. 3. The record of designating the person and the confidentiality declaration shall be attached to the document establishing or changing employment or a similar labour relationship.

(2) When a person is proposed for designation to acquaint with classified information at the security classification level Top Secret, Secret or Confidential, the head shall apply to the Authority³ for security clearance in accordance with Annex No. 4. The application shall be accompanied with the source materials and with evaluation of the source materials². The Security Questionnaire of the proposed person⁴ is shown in Annex No. 7. The supplementary part of the

¹ Article 8, paragraph 1 of Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain Acts.

² Article 16 of Act No. 215/2004 Coll.

³ Article 8, paragraph 2, subparagraph f) of Act No. 215/2004 Coll.

⁴ Article 16, paragraph 1, subparagraph a), point 5 of Act No. 215/2004 Coll.

Security Questionnaire shall be completed only by a person proposed for designation to acquaint with classified information at the security classification level Top Secret or Secret.

(3) Upon acceptance of the written notification of issuance of the certificate⁵ the head informs the proposed person of the obligations in protecting classified information and of the potential consequences of violation, and provides for signature of the record of designating that person to acquaint with classified information in accordance with Annex No. 2, and of the confidentiality declaration in accordance with Annex No. 3.

(4) The written notification of the security clearance results, the record of designating the person to acquaint with classified information and the confidentiality declaration shall be attached to the document establishing or changing employment or a similar labour relationship.

(5) In the event of change of employment or of a similar labour relationship the head may request the Authority to verify validity of the certificate⁶.

(6) Paragraphs 2 through 5 shall apply to the issuance of a new certificate.

(7) In the event of change in the measure of classified information, which the authorised person was designated to acquaint with, the head prepares the record of designating that person to acquaint with the changed measure of classified information. When the designation record applies to classified information at the security classification level Top Secret, Secret or Confidential, a copy of the record shall be delivered to the Authority within 30 days from its preparation.

Article 3 Record of Expiry of Designation

(1) The record of expiry of the designation⁷ of the person to acquaint with classified information shall contain the following particulars:

- a) Given name and family name,
- b) Birth registration number,
- c) Date and number of accreditation of the body performing security clearances for the security classification levels Top Secret, Secret and Confidential, or the date of designation by the head for the security classification level Restricted,
- d) Reason and date of expiry of the designation; in case of death the record shall show the date of death and in case of declaration of death the number of the relevant decision,
- e) Date of submitting the classified information,
- f) Signature of the head and of the person whose designation has expired.

The record of expiry of the designation is shown in Annex No. 5.

⁵ Article 26, paragraphs 1 and 5 of Act No. 215/2004 Coll.

⁶ Article 28, paragraph 1 of Act No. 215/2004 Coll.

⁷ Article 41 of Act No. 215/2004 Coll.

(2) In the event of the authorised person refusing to sign the record of expiry of the designation, the refusal shall be entered in the record of expiry and signed by the head.

(3) The record of expiry of the designation shall be attached to the document establishing or changing employment or a similar labour relationship. The head shall deliver a copy of the written record of expiry of the designation to the Authority.

(4) The written record of expiry of the head's designation⁸ shall be prepared by the person who proposed, appointed, elected or otherwise established the head in the function.

Article 4

Examination of the Security Employee

(1) The head sends the application for examination to the Authority. The application shall show the name and domicile of the state authority, municipality, higher territorial unit or other legal entity, the given name, family name and address of the security employee, the birth registration number and number of certificate.

(2) The Authority shall inform the head in writing about the time and place of the examination.

(3) The security employee shall be examined in the form of a written test comprising 30 questions, designed to verify his knowledge of generally binding legal regulations applying to the protection of classified information.

(4) The examination shall be held within the determined period of 60 minutes.

(5) The security employee shall pass the examination, when achieving at least 55 points out of the maximum possible 70 points.

(6) The result of examination shall be evaluated by rating the security employee as having passed or failed the examination.

(7) When the security employee passed the examination, the Authority shall deliver to him/her the confirmation of having passed the examination, and notify in writing the head who applied for the examination.

(8) When the security employee failed the examination, the head may apply to the Authority for a re-sit. The head shall submit the application within 30 days from delivery of the notice of the examination result. A re-sit may be executed only once.

(9) The written notification of the examination result shall be attached to the document establishing or changing employment or a similar labour relationship.

⁸ Article 8, paragraph 3 of Act No. 215/2004 Coll.

Article 5
Written Information of the State Authority

When a person, within proceedings⁹ held before a state authority, acquired classified information only once, in the measure required for the proceedings and with consent of the head whose jurisdiction applied to these classified information¹⁰, the state authority acting in the matter shall submit information to the Authority without delay, comprising the following:

- a) Given name and family name,
- b) Birth registration number,
- c) Date and place of birth,
- d) Measure of acquainting with classified information.

Article 6
Records and Lists

The head shall maintain:

- a) The list and records of authorised persons for the security classification level Restricted, the list and records of persons whose designation to acquaint with classified information at the security classification level Restricted has expired; the records shall comprise the following:
 1. Personnel questionnaire,
 2. Curriculum vitae,
 3. Statement of criminal records,
 4. Written approval of authorisation to acquaint with classified information at the security classification level Restricted and to execute the security clearance in accordance with Annex No. 6,
 5. Copy of the confidentiality declaration,
 6. Copy of the record of designating the proposed person to acquaint with classified information at the security classification level Restricted.
 7. Other documents, e.g. copy of the record of expiry of the designation, notice of change of the residential address, change of probity,
 8. Evaluation of the security clearance,
- b) The list of authorised persons for the security classification level Top Secret, Secret and Confidential, comprising the following:
 1. Given name and family name of the authorised person,
 2. Function,
 3. Date and number of accreditation of the body performing security clearances,

⁹ For example, Act No. 71/1967 (Digest) on administrative proceedings (Code of Administrative Procedure), as amended by later legislation; Act No. 99/1963 (Digest) Code of Civil Procedure, as amended by later legislation.

¹⁰ Article 35, paragraph 4 of Act No. 215/2004 Coll.

4. The security classification level and the measure of acquainting with classified information,
- c) The list of persons whose designation to acquaint with classified information at the security classification level Top Secret, Secret and Confidential has expired, comprising the following:
1. Given name and family name of the person,
 2. Security classification level of the authorised person's designation,
 3. Date of inception of the designation,
 4. Date and reason of expiry of the designation,
- d) The list of functions, during the execution of which authorised persons may acquaint with classified information, comprising the following:
1. Function,
 2. Security classification level,
 3. Measure of acquainting with classified information.

Article 7
Effective Date

This Regulation shall enter into force on 1 June 2004.

Aurel Ugor, by hand

PERSONNEL QUESTIONNAIRE

Complete the Personnel Questionnaire in block letters or electronically (computer, typewriter). Mark your answers by underlining the selected reply, cross out any errors. In case of death specify the given name, family name and date of death. When a question does not apply, or you are unable to reply, specify, for instance, „I do not know” „I maintain no contacts“, “I have not“. When you are unable to answer exactly, give your estimate and note „Estimated“. In point No. 9, students shall specify the name and exact address of the school.

1) Given name, family name, academic title, scientific degree

1.1 Given name

1.2 Family name

1.2.1 Present

1.2.2 At birth

1.2.3 Other used

1.3 Titles

1.4 Scientific degrees

2) Date and place of birth, birth registration number.

2.1 Date (day, month, year) of birth

2.2 Place of birth

2.2.1 City

2.2.2 District

2.2.3 State

2.3 Birth registration number

3) Address of permanent residence and temporary residence

3.1 Permanent residence

3.1.1 City

Municipal part

3.1.2 District

3.1.3 Street

House indication number

Street number

3.1.4 Postal code

3.1.5 Phone

Signature:

3.1.6 State

3.2 Temporary residence

3.2.1 City

Municipal part

3.2.2 District

3.2.3 Street

House indication number

Street number

3.2.4 Postal code

3.2.5 Phone

3.2.6 State

4) Marital status

4.1 Single Married Widowed Divorced

4.1.1 Date of wedding, divorce or widowhood

5) Nationality, other nationalities, changes of nationality

5.1 Nationality

5.2 Other nationalities

5.3 Changes of nationality

6) Number of identity card, travel document, place of issue

6.1 Identity card

6.1.1 Number

6.1.2 Issued

Date of issue

6.2 Passport

6.2.1 Type

Number

6.2.2 Issued

Date of issue

6.2.3 State of issue

Continue as necessary in an annex to this Personnel Questionnaire.

7) Aliens show stays in the Slovak Republic in excess of 30 days in the last seven years

7.1 First stay from to

7.2 City

7.3 Purpose

Signature:

7.4 Second stay from _____ to _____

7.5 City _____

7.6 Purpose _____

Continue as necessary in an annex to this Personnel Questionnaire.

8) Education, review of schools (specify, in a time sequence, all schools you had been educated in, starting with primary school, continue with secondary and university educating institutions if applicable, including any postgraduate courses. Do not use acronyms for school names).

8.1 School name _____

8.2 Domicile _____

8.2.1 District _____

8.3 State _____

8.4 Date of commencement _____ conclusion _____

8.5 Specialization _____

8.6 How were your courses concluded _____

8.1 School name _____

8.2 Domicile _____

8.2.1 District _____

8.3 State _____

8.4 Date of commencement _____ conclusion _____

8.5 Specialization _____

8.6 How were your courses concluded _____

8.1 School name _____

8.2 Domicile _____

8.2.1 District _____

8.3 State _____

8.4 Date of commencement _____ conclusion _____

8.5 Specialization _____

8.6 How were your courses concluded _____

Signature: _____

8.1 School name

8.2 Domicile

8.2.1 District

8.3 State

8.4 Date of commencement conclusion

8.5 Specialization

8.6 How were your courses concluded

8.1 Postgraduate studies - name

8.2 Domicile

8.2.1 District

8.3 State

8.4 Date of commencement conclusion

8.5 Specialization

8.6 How were your courses concluded

Continue as necessary in an annex to this Personnel Questionnaire.

9) Employment, domicile of the employer, position, function

9.1 Name

9.2 Domicile

9.3 District Phone

9.4 IČO

9.5 Function

9.6 Position at work

Continue as necessary in an annex to this Personnel Questionnaire.

10) Review of previous employers

10.1 Name

10.2 Domicile

Signature:

10.3 District

10.4 State

10.5 Employed from to

10.1 Name

11.2 Domicile

10.3 District

10.4 State

10.5 Employed from to

Continue as necessary in an annex to this Personnel Questionnaire.

11) Performance of business / entrepreneurial activities

11.1 Yes No

11.2 Name

11.3 Domicile or city of the business (residential address)

11.4 IČO

11.5 Form of participation

11.6 Activity performed from to

Continue as necessary in an annex to this Personnel Questionnaire.

12) Personnel data of spouse, common-law spouse, children – family name, given name, name at birth, date and place of birth, permanent address, temporary residence, nationality, employment

12.1 Spouse

12.1.1 Given name

12.1.2 Family name

12.1.2.1 Family name at birth

12.1.3 Date (day, month, year) of birth

12.1.4 Place of birth, district

12.1.5 Permanent and temporary residence (show temporary residences in parentheses)

12.1.5.1 City

Signature:

12.1.5.2 District

12.1.5.3 Street

House indication number

Street number

12.1.5.4 Postal code

12.1.6 Nationality

12.1.7 Employment

12.1.7.1 Name of the employer

12.1.7.2 Position at work

12.1.7.3 Domicile

12.1.7.4 District

12.1.7.5 State

12.2 Common-law spouse, other persons above 18 years living with you in a common household

12.2.1 Given name

12.2.2 Family name

12.2.2.1 Family name at birth

12.2.3 Date (day, month, year) of birth

12.2.4 Place of birth, district

12.2.5 Permanent and temporary residence (show temporary residences in parentheses)

12.2.5.1 City

12.2.5.2 District

12.2.5.3 Street

House indication number

Street number

12.2.5.4 Postal code

12.2.6 Nationality

12.2.7 Employment

12.2.7.1 Name of the employer

12.2.7.2 Domicile

12.2.7.3 District

Signature:

12.2.7.4 State

Continue as necessary in an annex to this Personnel Questionnaire.

- | 12.3 Children, own and adopted | Son | Daughter |
|---|-----|--|
| 12.3.1 Given name | | |
| 12.3.2 Family name | | |
| 12.3.2.1 Family name at birth | | |
| 12.3.3 Date (day, month, year) of birth | | |
| 12.3.4 Place of birth, district | | |
| 12.3.5 Permanent and temporary residence (show temporary residences in parentheses) | | |
| 12.3.5.1 City | | |
| 12.3.5.2 District | | |
| 12.3.5.3 Street | | House indication number
Street number |
| 12.3.5.4 Postal code | | |
| 12.3.6 Nationality | | |
| 12.3.7 Employment | | |
| 12.3.7.1 Name of the employer | | |
| 12.3.7.2 Domicile | | |
| 12.3.7.3 District | | |
| 12.3.7.4 State | | |

- | 12.3 Children, own and adopted | Son | Daughter |
|---|-----|------------|
| 12.3.1 Given name | | |
| 12.3.2 Family name | | |
| 12.3.2.1 Family name at birth | | |
| 12.3.3 Date (day, month, year) of birth | | |
| 12.3.4 Place of birth, district | | |
| 12.3.5 Permanent and temporary residence (show temporary residences in parentheses) | | Signature: |

12.3.5.1 City

12.3.5.2 District

12.3.5.3 Street

House indication number

Street number

12.3.5.4 Postal code

12.3.6 Nationality

12.3.7 Employment

12.3.7.1 Name of the employer

12.3.7.2 Domicile

12.3.7.3 District

12.3.7.4 State

Continue as necessary in an annex to this Personnel Questionnaire.

13) All criminal proceedings conducted against you

13.1 Legal definition of the offence

13.2 Date of prosecution commenced

terminated

13.3 Prosecution conducted by (authority)

13.4 Court decision date

decision No.

13.5 Court

13.6 Reason for discontinuance or suspension of proceedings, or of transfer to a different authority

13.1 Legal definition of the offence

13.2 Date of prosecution commenced

terminated

13.3 Prosecution conducted by (authority)

13.4 Court decision date

decision No.

13.5 Court

13.6 Reason for discontinuance or suspension of proceedings, or of transfer to a different authority

13.1 Legal definition of the offence

13.2 Date of prosecution commenced

terminated

Signature:

13.3 Prosecution conducted by (authority)

13.4 Court decision date decision No.

13.5 Court

13.6 Reason for discontinuance or suspension of proceedings, or of transfer to a different authority

Continue as necessary in an annex to this Personnel Questionnaire.

14) Penalties for transgressions, other administrative delicts in the last five years

14.1 Commitment of transgression Yes No

14.1.1 Transgression type

14.1.2 Penalty

14.1.3 Deciding authority

14.1.4 Year

Continue as necessary in an annex to this Personnel Questionnaire.

14.2 Administrative delict Yes No

14.2.1 Delict type

14.2.2 Penalty

14.2.3 Deciding authority

14.2.4 Year

Continue as necessary in an annex to this Personnel Questionnaire.

15) Are (were) you an alcohol addict?

15.1 Yes No

15.2 Were you treated for alcohol addiction, or did you seek medical advice to resolve your addiction?

Yes No

If yes, give a detailed explanation in an annex to this Personnel Questionnaire.

16) Cooperation with State Security in the categories - resident, agent, undercover collaborator, holder of leased apartment, confidant

16.1 Yes No

16.2 Category

Signature:

16.3 Period from to

17) Statement to security risks pursuant to Article 14, paragraph 2 Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain Acts

Continue as necessary in an annex to this Personnel Questionnaire.

Number of sheets in the Personnel Questionnaire, including any annexes:

In, on the.....

Signature of the person completing the questionnaire

Signature:

R E C O R D
of designating the person proposed to acquaint with classified information

within the jurisdiction of

In compliance with the provisions of Article 31 of Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain laws, I have designated the person named below to acquaint with classified information at the security classification level¹

.....
Given name and family name Birth registration No.

.....
Function (Position)

.....
Workplace name

.....
in the measure

.....
Given name, family name and function of the head Signature

.....
Given name, family name and function of the person acquainting Signature

The person named above has become familiar with the measure of classified information which he/she would acquaint with while executing his/her function (position), with his/her obligations as an authorised person and with the potential consequences of violating these obligations, and was designated to acquaint with classified information at the security classification level

..... on the
Given name, family name and signature of the authorised person

¹ Top Secret, Secret, Confidential or Restricted

CONFIDENTIALITY DECLARATION

I the undersigned, birth registration No.....

hereby declare that I have familiarised with legislation applying to the protection of classified information, and that, pursuant to the provisions of Article 38 of Act No 215/2004 Coll. on protection of classified information and on amending and supplementing certain laws, I am aware of my obligation to hold information and things containing classified information, in the duration of classification thereof, in strict confidentiality from unauthorised persons and foreign powers, including after expiry of my clearance to acquaint with classified information.

.....
Signature of the authorised person

In, on the

Name of the state authority, municipality,
higher territorial unit,
other legal entity

Ref. No. :

In

National Security Authority
Section of Personnel Security

B r a t i s l a v a

Re: Security clearance request for the security classification level¹

I request, pursuant to the provision of Article 8, paragraph 2, subparagraph f) of Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain laws, the execution of the security clearance procedure for the security classification level..... of the proposed person:

Given name, family name, academic title and scientific degrees.....

Date of birth..... Birth registration No.....

Place of birth.....

State authority, municipality, higher territorial unit, other legal entity (name, address, postal code)

.....

Function (Position).....

.....
Given name, family name and signature of the head

¹ Top Secret, Secret, Confidential or Restricted

RECORD OF EXPIRY OF THE DESIGNATION

The authorised person, birth registration No.

has ceased to acquaint with classified information at the security classification level¹
.....

on the..... for the following reasons

.....
at the state authority, municipality, higher territorial unit, other legal entity (name, address, postal code)

.....
Date and certification number of the body executing security clearance for the security classification level Top secret, Secret, Confidential, or the date of designation by the head for the security classification level Restricted:

.....
The authorised person handed over the classified information assigned to him/her on the

.....
Given name and family name of the authorised person Signature

.....
Given name and family name of the head Signature

In....., on the

¹ Top Secret, Secret, Confidential or Restricted

C O N S E N T
to the authorisation to acquaint with classified information and to the security clearance

I the undersigned
date of birth.....
birth registration No.
permanent residence

in accordance with the provision of Article 10, paragraph 1, subparagraph d) of Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain laws, agree with my security clearance in order to become a person authorised to acquaint with classified information at the security classification level¹

at the state authority, municipality, higher territorial unit, other legal entity

.....
in the function (position).....
.....

In, on the

.....
Signature of the proposed person

¹ Top Secret, Secret, Confidential or Restricted

SECURITY QUESTIONNAIRE OF THE PERSON

Complete the Security Questionnaire in block letters or electronically (computer, typewriter). Mark your answers by underlining the selected reply, cross out any errors. In case of death specify the family name, given name and date of death. In case of a death in point No. 15 show the given name, family name and date of death. When a question does not apply, or you are unable to reply, specify, for instance, „I do not know“ „I maintain no contacts“, „I have not“. When you are unable to answer exactly, give your estimate and note „Estimated“. In point No. 10 students shall specify the name and exact address of the school.

1. Given name, family name, academic title, scientific degree

1.1 Given name

1.2 Family name

1.2.1 Present

1.2.2 At birth

1.2.3 Others used

1.3 Titles

1.4 Scientific degrees

2) Date and place of birth, birth registration number.

2.1 Date (day, month, year) of birth

2.2 Place of birth

2.2.1 City

2.2.2 District

2.2.3 State

2.3 Birth registration number

3) Address of permanent residence and temporary residence

3.1 Permanent residence

3.1.1 City

Municipal part

3.1.2 District

3.1.3 Street

House indication number

Street number

3.1.4 Postal code

3.1.5 Phone

3.1.6 State

3.2 Temporary residence

3.2.1 City

Municipal part

Signature:

3.2.2 District

3.2.3 Street

House indication number

Street number

3.2.4 Postal code

3.2.5 Phone

3.2.6 State

4) Marital status

4.1 Single

Married

Widowed

Divorced

4.1.1 Date of wedding, divorce or widowhood

5) Nationality, other nationalities, changes of nationality

5.1 Nationality

5.2 Other nationalities

5.3 Changes of nationality

6) Number of identity card, all travel documents, place of issue

6.1 Identity card

6.1.1 Number

6.1.2 Issued

Date of issue

6.2 Travel document

6.2.1

Number

6.2.2 Issued

Date of issue

6.2.3 State of issue

Continue as necessary in an annex to this Security Questionnaire.

7) Aliens show stays in the Slovak Republic in excess of 30 days in the last seven years

7.1 First stay

from

to

7.2 City

7.3 Purpose

7.4 Second stay

from

to

7.5 City

7.6 Purpose

Continue as necessary in an annex to this Security Questionnaire.

8) Education, review of schools (specify, in a time sequence, all schools you had been educated in, starting with primary school, continue with secondary and university educating institutions if applicable, including any postgraduate courses. Do not use acronyms for school names)

Signature:

8.1 School name
8.2 Domicile
 8.2.1 District
8.3 State
8.4 Date of commencement conclusion
8.5 Specialization
8.6 How were your courses concluded

8.1 School name
8.2 Domicile
 8.2.1 District
8.3 State
8.4 Date of commencement conclusion
8.5 Specialization
8.6 How were your courses concluded

8.1 School name
8.2 Domicile
 8.2.1 District
8.3 State
8.4 Date of commencement conclusion
8.5 Specialization
8.6 How were your courses concluded

8.1 School name
8.2 Domicile
 8.2.1 District
8.3 State
8.4 Date of commencement conclusion
8.5 Specialization
8.6 How were your courses concluded

8.1 Postgraduate studies - name
8.2 Domicile
 8.2.1 District
8.3 State
8.4 Date of commencement conclusion

Signature:

15) Personnel data of spouse, common-law spouse, children, parents, siblings – given name, family name, name at birth, date and place of birth, birth registration No., permanent address, temporary residence, nationality, employment

15.1 Spouse

15.1.1 Given name

15.1.2 Family name

15.1.2.1 Family name at birth

15.1.3 Date (day, month, year) of birth

15.1.4 Place of birth, district

15.1.5 Birth registration number

15.1.6 Permanent and temporary residence (show temporary residences in parentheses)

15.1.6.1 City

15.1.6.2 District

15.1.6.3 Street

House indication number

Street number

15.1.6.4 Postal code

15.1.7 Nationality

15.1.8 Employment

15.1.8.1 Name of the employer

15.1.8.2 Position at work

15.1.8.3 Domicile

15.1.8.4 District

15.1.8.5 State

15.2 Common-law spouse, other persons above 18 years living with you in a common household

15.2.1 Given name

15.2.2 Family name

15.2.2.1 Family name at birth

15.2.3 Date (day, month, year) of birth

15.2.4 Place of birth, district

15.2.5 Birth registration number

15.2.6 Permanent and temporary residence (show temporary residences in parentheses)

15.2.6.1 City

15.2.6.2 District

15.2.6.3 Street

House indication number

Street number

15.2.6.4 Postal code

Signature:

15.2.7 Nationality

15.2.8 Employment

15.2.8.1 Name of the employer

15.2.8.2 Position

15.2.8.3 Domicile

15.2.8.4 District

15.2.8.5 State

Continue as necessary in an annex to this Security Questionnaire.

15.3 Children, own and adopted Son Daughter

15.3.1 Given name

15.3.2 Family name

15.3.2.1 Family name at birth

15.3.3 Date (day, month, year) of birth

15.3.4 Place of birth

15.3.5 Birth registration number

15.3.6 Permanent and temporary residence (show temporary residences in parentheses)

15.3.6.1 City

15.3.6.2 District

15.3.6.3 Street

House indication number

Street number

15.3.6.4 Postal code

15.3.7 Nationality

15.3.8 Employment

15.3.8.1 Name of the employer

15.3.8.2 Position

15.3.8.3 Domicile

15.3.8.4 District

15.3.8.5 State

15.3 Children, own and adopted Son Daughter

15.3.1 Given name

15.3.2 Family name

15.3.2.1 Family name at birth

15.3.3 Date (day, month, year) of birth

15.3.4 Place of birth

15.3.5 Birth registration number

15.3.6 Permanent and temporary residence (show temporary residences in parentheses)

Signature:

15.3.6.1 City

15.3.6.2 District

15.3.6.3 Street

House indication number

Street number

15.3.6.4 Postal code

15.3.7 Nationality

15.3.8 Employment

15.3.8.1 Name of the employer

15.3.8.2 Position

15.3.8.3 Domicile

15.3.8.4 District

15.3.8.5 State

Continue as necessary in an annex to this Security Questionnaire.

15.4 Parents and step-parents, foster parents

15.4.1 Given name

15.5.2 Family name

15.4.2.1 Family name at birth

15.4.3 Date (day, month, year) of birth

15.4.4 Place of birth, district

15.4.5 Birth registration number

15.4.6 Permanent and temporary residence (show temporary residences in parentheses)

15.4.6.1 City

15.4.6.2 District

15.4.6.3 Street

House indication number

Street number

15.4.6.4 Postal code

15.4.7 Nationality

15.4.8 Employment

15.4.8.1 Name of the employer

15.4.8.2 Position

15.4.8.3 Domicile

15.4.8.4 District

15.4.8.5 State

Signature:

15.4 Parents and step-parents, foster parents

15.4.1 Given name

15.5.2 Family name

15.4.2.1 Family name at birth

15.4.3 Date (day, month, year) of birth

15.4.4 Place of birth, district

15.4.5 Birth registration number

15.4.6 Permanent and temporary residence (show temporary residences in parentheses)

15.4.6.1 City

15.4.6.2 District

15.4.6.3 Street

House indication number

Street number

15.4.6.4 Postal code

15.4.7 Nationality

15.4.8 Employment

15.4.8.1 Name of the employer

15.4.8.2 Position

15.4.8.3 Domicile

15.4.8.4 District

15.4.8.5 State

15.5 Siblings and half-siblings

Brother

Sister

15.5.1 Given name

15.5.2 Family name

15.5.2.1 Family name at birth

15.5.3 Date (day, month, year) of birth

15.5.4 Place of birth, district

15.5.5 Birth registration number

15.5.6 Permanent and temporary residence (show temporary residences in parentheses)

15.5.6.1 City

15.5.6.2 District

15.5.6.3 Street

House indication number

Street number

15.5.6.4 Postal code

15.5.7 Nationality

15.5.8 Employment

15.5.8.1 Name of the employer

Signature:

- 15.5.8.2 Position
 - 15.5.8.3 Domicile
 - 15.5.8.4 District
 - 15.5.8.5 State
- 15.5 Siblings and half-siblings
- | | | |
|--|---------|--------|
| | Brother | Sister |
|--|---------|--------|
- 15.5.1 Given name
 - 15.5.2 Family name
 - 15.5.2.1 Family name at birth
 - 15.5.3 Date (day, month, year) of birth
 - 15.5.4 Place of birth, district
 - 15.5.5 Birth registration number
 - 15.5.6 Permanent and temporary residence (show temporary residences in parentheses)
 - 15.5.6.1 City
 - 15.5.6.2 District
 - 15.5.6.3 Street

	House indication number
	Street number
 - 15.5.6.4 Postal code
 - 15.5.7 Nationality
 - 15.5.8 Employment
 - 15.5.8.1 Name of the employer
 - 15.5.8.2 Position
 - 15.5.8.3 Domicile
 - 15.5.8.4 District
 - 15.5.8.5 State

Continue as necessary in an annex to this Security Questionnaire.

16) All criminal proceedings conducted against you

- 16.1 Legal definition of the offence
 - 16.2 Date of prosecution commenced

	terminated
--	------------
 - 16.3 Prosecution conducted by (authority)
 - 16.4 Court decision date

	decision No.
--	--------------
 - 16.5 Court
 - 16.6 Reason for discontinuance or suspension of proceedings, or of transfer to a different authority
-
- 16.1 Legal definition of the offence
 - 16.2 Date of prosecution commenced

	terminated	
		Signature:

- 19.2 I have tried it once
 19.3 I use it occasionally
 19.4 I used it occasionally
 19.5 I have been using it regularly
 19.6 I am being treated for addiction
 19.7 I had been treated for addiction

If yes, give a detailed explanation in an annex to this Security Questionnaire.

20) Property owned, all financial liabilities summarily exceeding 100 000 SKK

- 20.1 Number of persons financially dependent on you
- 20.2 How would you characterise your proprietary circumstances?
- | | |
|---------------------|---------------------|
| Secure | Manageable |
| Difficult to manage | Unable to determine |
- 20.3 Are you (personnelly):
- | | | | | |
|--------------|----------------------------------|---|-----|----|
| 20.3.1 Owner | Co-owner | of a dwelling | Yes | No |
| 20.3.2 Owner | Co-owner | of a dwelling through a credit (loan) armeasurement | Yes | No |
| 20.3.3 | Member of a building cooperative | | Yes | No |
| 20.3.4 | Tenant | | Yes | No |
| 20.3.5 | Granted free accommodation | | Yes | No |
- 20.4 How many real estate do you
 own co-own
- 20.5 What is the total estimated value of this real estate SKK
- 20.6 No. of entry in the cadastre
- 20.7 Net annual income: of you SKK of your partner SKK
- 20.8 Monthly contributions from the state (e.g. child allowance) SKK
- 20.9 Other income (all), e.g. from stock issues, real estate SKK
- 20.9.1. Source of income
- 20.10 Total net annual income of your household SKK
- 20.11 Your annual gross income over the last five years
- | | |
|------|--------|
| Year | Income |
|------|--------|
- 20.12 Other regular, long-term and substantial payments (e.g. rent, lease, mortgages, credit armeasurements, loans from natural persons and legal entities, etc.)
- | | | | |
|------|-----|---------------------|--------------------------|
| Type | Sum | Monthly instalments | Sum remaining to be paid |
|------|-----|---------------------|--------------------------|
- 20.13 Total regular monthly expenses (sum of expenses specified in point 20.12) SKK
- 20.14 Do you personnelly increase your savings?
- | | | |
|-------------------|---------------|--------------|
| I make additions: | Regularly | Occasionally |
| | Exceptionally | Not at all |
- Signature:

20.15 Specify the total sum of your joint additions to savings in a calendar year SKK

20.16 Have you, or your partner, earned or acquired money or other assets over the last five year, exceeding the value 500 000 SKK and coming from sources other than regular wage? In cases involving inheritance (probate proceedings) specify the probate court in the „Source“ box and show “Inheritance” in the box „Type of activity“:

Yes No

20.16.1 Source

20.16.2 Type of activity

20.16.3 Total sum in SKK

Continue as necessary in an annex to this Security Questionnaire.

20.17 Specify the type and approximate value of the transport means owned or co-owned by you:

20.17.1 Type

20.17.2 Owner Co-owner Holder (leasing)

20.17.3 Acquisition price SKK

20.17.4 Year of acquisition

Continue as necessary in an annex to this Security Questionnaire.

20.18 Are you owner or co-owner of works of art, antiques in the total summary value exceeding 100 000 SKK?

Yes No Owner Co-owner

20.18.1 Type

20.18.2 Value SKK amount (number of units)

20.18.3. Acquisition price

20.18.4. Method of acquisition

20.18.1 Type

20.18.2 Value SKK amount (number of units)

20.18.3. Acquisition price

20.18.4. Method of acquisition

Continue as necessary in an annex to this Security Questionnaire.

20.19 Are you owner or co-owner of securities?

Yes No Owner Co-owner

20.20 Your account number in the Centre of Securities

20.21 Specify all securities owned (co-owned) by you in the total value exceeding 100 000 SKK, determined in accordance with their share quotations issued by the Securities Exchange, or in their nominal values when non-negotiable:

20.21.1 Name

20.21.2 Type

Signature:

22.3. Place of acquainting (e.g. state authority, legal entity)

23) Cooperation with a past or present intelligence service of a foreign power, participation in study stays and courses in such service, knowledge of interest of the service in the person of the candidate

23.1 Yes No

23.2 Name of the intelligence service

23.3 Period from _____ to _____

23.4 State

23.5 Type or nature of contacts, links

23.6 Study stays and courses (when, where, name of the school, course specialisation)

Continue as necessary in an annex to this Security Questionnaire.

24) Cooperation with State Security in the categories - resident, agent, undercover collaborator, holder of leased apartment, confidant

24.1 Yes No

24.2 Category

24.3 Period from _____ to _____

25) Statement to security risks pursuant to Article 14, paragraph 2 Act No. 215/2004 Coll. on protection of classified information and on amending and supplementing certain Acts

Continue as necessary in an annex to this Security Questionnaire.

26) Affirmation of truthfulness of data

I hereby affirm that I have personally completed this Questionnaire to the best of my knowledge, and that I am aware that each untrue data or concealment of important facts shall be sufficient reason for suspending the clearance procedure and may be reason for terminating the security clearance procedure without a statement.

Check completion of answers to all questions and sign each page of the Questionnaire, including any annexes.

Number of sheets in the Security Questionnaire, including any annexes:

In, on the.....

Signature of the person completing the questionnaire

Signature:

Supplementary part
to be completed only for the security classification levels Top Secret and Secret

Complete the supplementary part of the Security Questionnaire with block letters or electronically (computer, typewriter). Mark your answers by underlining the selected reply, cross out any errors. In case of death in point No. 1 show the given name, family name and date of death. When a question does not apply, or you are unable to reply, specify, for instance, „I do not know” „I maintain no contacts”, „I have not”. When you are unable to answer exactly, give your estimate and note „Estimated”.

1) Personnel data of other family members – parents of the spouse / common-law spouse and siblings of the spouse / common-law spouse – given name, family name, name at birth, date and place of birth, birth registration No., permanent address, nationality, employment. In case of a deceased person specify the given name, family name and day of death.

1.1 Parents (including step-parents or foster parents) of the spouse, common-law spouse

1.1.1 Given name

1.1.2 Family name

1.1.2.1 Family name at birth

1.1.3 Date (day, month, year) of birth

1.1.4 Place of birth, district

1.1.5 Birth registration number

1.1.6 Permanent and temporary residence (show the temporary residence in parentheses)

1.1.6.1 City

1.1.6.2 District

1.1.6.3 Street

House indication number

Street number

1.1.6.4 Postal code

1.1.7 Nationality

1.1.8 Employment

1.1.8.1 Name of the employer

1.1.8.2 Position

1.1.8.3 Domicile

1.1.8.4 District

1.1.8.5 State

1.1 Parents (including step-parents or foster parents) of the spouse, common-law spouse

1.1.1 Given name

1.1.2 Family name

1.1.2.1 Family name at birth

1.1.3 Date (day, month, year) of birth

1.1.4 Place of birth, district

Signature:

- 1.1.5 Birth registration number
- 1.1.6 Permanent and temporary residence (show the temporary residence in parentheses)
 - 1.1.6.1 City
 - 1.1.6.2 District
 - 1.1.6.3 Street House indication number
 - Street number
 - 1.1.6.4 Postal code
- 1.1.7 Nationality
- 1.1.8 Employment
 - 1.1.8.1 Name of the employer
 - 1.1.8.2 Position
 - 1.1.8.3 Domicile
 - 1.1.8.4 District
 - 1.1.8.5 State

Continue as necessary in an annex to this Security Questionnaire.

- | 1.2 Siblings of the spouse, common-law spouse | True siblings | Part-siblings |
|--|---------------|---------------|
| 1.2.1 Given name | | |
| 1.2.2 Family name <ul style="list-style-type: none"> 1.2.2.1 Family name at birth | | |
| 1.2.3 Date (day, month, year) of birth | | |
| 1.2.4 Place of birth, district | | |
| 1.2.5 Birth registration number | | |
| 1.2.6 Permanent and temporary residence (show the temporary residence in parentheses) <ul style="list-style-type: none"> 1.2.6.1 City 1.2.6.2 District 1.2.6.3 Street House indication number <li style="text-align: right;">Street number 1.2.6.4 Postal code | | |
| 1.2.7 Nationality | | |
| 1.2.8 Employment <ul style="list-style-type: none"> 1.2.8.1 Name of the employer 1.2.8.2 Position 1.2.8.3 Domicile 1.2.8.3 District 1.2.8.5 State | | Signature: |

- | 1.2 Siblings of the spouse, common-law spouse | True siblings | Part-siblings |
|---|---------------|--|
| 1.2.1 Given name | | |
| 1.2.2 Family name | | |
| 1.2.2.1 Family name at birth | | |
| 1.2.3 Date (day, month, year) of birth | | |
| 1.2.4 Place of birth, district | | |
| 1.2.5 Birth registration number | | |
| 1.2.6 Permanent and temporary residence (show the temporary residence in parentheses) | | |
| 1.2.6.1 City | | |
| 1.2.6.2 District | | |
| 1.2.6.3 Street | | House indication number
Street number |
| 1.2.6.4 Postal code | | |
| 1.2.7 Nationality | | |
| 1.2.8 Employment | | |
| 1.2.8.1 Name of the employer | | |
| 1.2.8.2 Position | | |
| 1.2.8.3 Domicile | | |
| 1.2.8.4 District | | |
| 1.2.8.5 State | | |

Continue as necessary in an annex to this Security Questionnaire.

2) Membership of and relationships with civic associations, political movements and parties, churches, religious associations, national and foreign organisations

- | | | |
|-----------------------|-----|----|
| 2.1 Civic association | Yes | No |
| 2.1.1 Name | | |
| 2.1.2 Domicile | | |
| 2.1.3 District | | |
| 2.2 Movement | Yes | No |
| 2.2.1 Name | | |
| 2.2.2 Domicile | | |
| 2.2.3 District | | |
| 2.3 Party | Yes | No |
| 2.3.1 Name | | |
| 2.3.2 Domicile | | |
| 2.3.3 District | | |

Signature:

- | | | |
|--|-----|----|
| 2.4 Religious association | Yes | No |
| 2.4.1 Name | | |
| 2.4.2 Domicile | | |
| 2.4.3 District | | |
| 2.5 Church | Yes | No |
| 2.5.1 Name | | |
| 2.5.2 Domicile | | |
| 2.5.3 District | | |
| 2.6 Interest group | Yes | No |
| 2.6.1 Name | | |
| 2.6.2 Domicile | | |
| 2.6.3 District | | |
| 2.7 National and foreign organisations | Yes | No |
| 2.7.1 Name | | |
| 2.7.2 Domicile | | |
| 2.7.3 State | | |

Continue as necessary in an annex to this Security Questionnaire.

3) Given name, family name, year of birth and address of two persons who know you and may give statements to the data contained in the Security Questionnaire (they must not be your family members and/or persons maintaining confidential relations with you, e.g. administrators of your property-related affairs)

3.1 Given name

3.2 Family name

3.3 Permanent and temporary residence (show the temporary residence in parentheses)

 3.3.1 City

 3.3.2 District

 3.3.3 Street

House indication number

Street number

 3.3.4 Postal code

 3.3.5 Phone

3.1 Given name

3.2 Family name

3.3 Permanent and temporary residence (show the temporary residence in parentheses)

 3.3.1 City

 3.3.2 District

 3.3.3 Street

House indication number

Signature:

Street number

3.3.4 Postal code

3.3.5 Phone

4) Stays abroad in excess of 30 days after reaching 18 years of age – private, official, for gainful employment (Czech Republic: after 1992)

4.1 State

4.2 City

4.3 Period from to

4.4 Private Official For gainful employment

4.1 State

4.2 City

4.3 Period from to

4.4 Private Official For gainful employment

Continue as necessary in an annex to this Security Questionnaire.

5) Psychiatric examinations and treatments

Yes No

5.1 Given name and family name of the recent attending physician, including the name of the preceding physician when changed in the last year, address of the health care facility

5.1.1 Given name and family name

5.1.2 Address of the health care facility

5.1.2.1 City

5.1.2.2 District

5.1.2.3 Street House indication number

Street number

5.1.2.4 Postal code

5.1.2.5 Phone

5.1.1 Given name and family name

5.1.2 Address of the health care facility

5.1.2.1 City

5.1.2.2 District

5.1.2.3 Street House indication number

Street number

5.1.2.4 Postal code

5.1.2.5 Phone

Signature:

5.2 Do you suffer, now or in the past, of a mental disease or of other health problems causative of mental activity disorders?

Yes

No

When yes, give detailed information in the annex, specifying the disorder type, period of occurrence and the health care facility or physician had been or is attending to you in connection with the abovementioned health problems or disease.

Check completion of answers to all questions and sign each page of the Questionnaire, including any annexes.

Signature:

Consent¹ to the provision of information contained in the health documentation

I the undersigned,
(given name, family name and birth registration number)

.....
(permanent address)

c o n s e n t to the National Security Authority requesting, when necessary in the course of security clearance of my person conducted in compliance with Act No. 215/2004 on protection of classified information and on amending and supplementing certain laws, information contained in my health documentation **about any psychiatric examinations or treatments.**

In, on the.....

.....
Signature

Signature:

¹ Consent given to the provision of information must be officially authenticated by a notary public or a registrar.

**Affirmation of truthfulness of data
shown in the supplementary part of the Security Questionnaire**

I hereby affirm that I have personally completed the Questionnaire to the best of my knowledge, and that I am aware that each untrue data shall be sufficient reason for terminating the security clearance procedure.

No. of pages, forming the Annex to the supplementary part of the Security Questionnaire:

In, on the.....

Signature of the person having completed the questionnaire:

Signature:

R É S U M É

Given name and family name:

Birth registration number:

Text of the résumé¹:

Signature:

¹ The résumé written by the person's own hand usually comprises data about the closest family, education, preparation for employment, existential independence, life in partnership and family, employment, leisure interests, physical fitness and state of health. Each page must be endorsed with the date of completion and signature.

