

APPLICANT/EMPLOYEE DISCLOSURE FORM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

APPLICANTS: Thank you for your interest in the Department of Justice (DOJ). Having a relative already employed at DOJ does not affect our consideration of you for employment; however, the information requested below is necessary to help DOJ assure that all hiring decisions are free of inappropriate influence by relatives employed in the Department and otherwise are consistent with applicable laws and policies.

EMPLOYEES: You must submit this certification in connection with a personnel action by which you will move to a different position than the one you currently encumber.

Merit System Principles set forth in Section 2301(b) of Title 5, U.S.C. provide guidance on federal personnel management. 5 U.S.C §§ 2302(b) and 3110(b) contain provisions identifying as a prohibited personnel practice engaging in nepotism (i.e., to appoint, employ, promote, or advance relatives; or advocate for the same) by public officials. It is also a prohibited personnel practice to grant a preference or advantage not authorized by law, rule, or regulation to an employee or applicant for the purpose of improving or injuring any individual's prospects for employment. Consistent with these laws and applicable ethics requirements, you are asked to identify relatives or other covered individuals (defined below) who work anywhere in the Department. For purposes of this form, the term "relative" includes a DOJ employee's or applicant's spouse, parent, guardian, grandparent, sister/brother (including step/half relationships), child/grandchild (including biological, adopted, foster, or step child, legal ward, or child for whom the employee/applicant stands *in locoparentis*), in-law, aunt, uncle, nephew, niece, or first cousin. "Other covered individuals" include a domestic partner, more distant relatives than those listed above with whom the employee/applicant has a close personal relationship, or anyone currently residing in the employee's/applicant's household, even temporarily.

- I do ___ / do not ___ have a relative or other covered individual who works for the Department. Relevant details are provided below and on an attached page if necessary.

Name	Relationship	DOJ/BOP Duty Station

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS DOCUMENT. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).
- I **certify** that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Applicant/Employee Name (Please Print)	Date Signed (Month, day, year)
Applicant/Employee Signature	
Reviewing Official Signature	Date Signed (Month, day, year)

Please submit this form to _____

Privacy Act Notice: The information provided on this form is covered by and will be used and maintained in accordance with the Privacy Act of 1974, as amended.