

## Personal Data Questionnaire Form

All questions are mandatory. Please follow the structure given in the form. If your answer is in the negative, use either "no" or "not applicable".

If your answer does not fit into the field given in the form or you cannot find a proper field for your answer, use an additional sheet.

I. PERSONAL DATA OF APPLICANT			
<b>1. First name(s):</b>			
<b>2. Surname(s):</b>			
<b>3. Date of birth:</b>			
(use capital letters for all first and surnames, date of birth – day, month, year)			
<b>4. Gender:</b>			
<b>5. Place of birth:</b>			
(city, local municipality, county, country)			
<b>6. Personal identification code:</b>			
(in case personal identification code has been issued)			
<b>7. Identification document data (passport data, or if missing, identity card):</b>	Document type:		
	Document number:		
	Issue date and expiration date:		
	State of issue:		
<b>8. Citizenship(s):</b>			
(fill in all your citizenships)			
<b>9. Previously used names</b>	<b>Time period</b> (month, year)	<b>Reason for change</b>	
1)			
2)			
<b>10. Contact details and user accounts used during the last five years</b>			
Please enlist all telephone and other types of numbers in your use or in your name during the last five years (e.g. a landline or mobile phone number, a number associated with a SIM card)			

used in a tablet or other electronic device) and the time of their use (if the number is no longer in active use, indicate the end of use year). If the number is not used by you, please include the name of the actual user of the number and the relationship between you.				
No.	Number (including area code)	Type	User/owner (first name, surname and relationship)	Time of use (in active use or end of use year)
1)				
2)				
3)				
4)				
5)				

Fill in all e-mail addresses you have used and/or created in the last five years.	
Personal:	
Professional:	

Enlist the names and usernames or other identifiers of all electronic social networks (Facebook, Twitter, Instagram, Odnoklassniki, Vkontakte, IRC service, etc.) you have used and/or created during the last five years and the time of their use (if the social network is no longer in active use, indicate the end of use year).			
No.	Network	Username	Additional notes, including time of use (in active use or end of use year)
1)			
2)			
3)			
4)			
5)			

<b>11. Places of residence</b>			
In chronological order, starting with the current place of residence, please enlist all your places of residence during the last five years.			
No.	From (month, year)	Until (month, year)	Street, house/apartment number, local municipality, city, county, country, postal code
1)			
2)			
3)			
4)			
5)			

<b>12. Postal address</b> Please fill in your postal address if it is different from your current place of residence.

(street, house/apartment number, local municipality, city, county, country, postal code)

<b>II. FAMILY RELATIONSHIP</b>	
<b>13. Marital status</b> Use a cross to mark your current marital status and fill in the details of your spouse or a partner in a relationship resembling marriage (i.e. your partner in a long-term relationship), your previous spouse or a partner in a relationship resembling marriage.	
Single	Divorced
Cohabitation	Long-term
Married	Separated
Widowed	

<b>a) Spouse or a partner in a relationship resembling marriage</b>	
First names and surnames:	
Time and place of birth:	
Citizenship(s):	
Previous names:	
Start of the relationship:	
In case different of your own, place of residence (street, house/apartment number, local municipality, city, county, country, postal code) of the spouse or the partner in relationship resembling marriage:	

<b>b) Former spouse or a partner in a relationship resembling marriage</b>	
First names and surnames:	
Time and place of birth:	
Citizenship(s):	
The period of a marriage or a relationship resembling a marriage:	

<b>14. Relatives, persons related by affinity and other close persons</b> (including persons living abroad) Please enlist the details of your parents, siblings, half-siblings and children (including wards and dependents). If you are aware, that a person enlisted has more than one permanent residences, please indicate all of them. In case of a deceased person, please indicate together with the date of birth also the date of death.			
<b>1) First names and surnames:</b>		<b>Relationship:</b>	father
Time of birth or personal identification code:			
Residence (country, city):			

Contact details:			
<b>2) First names and surnames:</b>		<b>Relationship:</b>	mother
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>3) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>4) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>5) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>6) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>7) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			
Residence (country, city):			
Contact details:			
<b>8) First names and surnames:</b>		<b>Relationship:</b>	
Time of birth or personal identification code:			

Residence (country, city):	
Contact details:	

### III. EDUCATION

**15. Educational background during the last five years** (including military education and not completed studies). In case of gaps longer than 28 days in your studies, please indicate the reasons in chapter VI "ADDITIONAL CIRCUMSTANCES YOU CONSIDER IMPORTANT TO NOTE".

No.	Start (month, year)	End (month, year)	Name of educational institution
1)			
	Location (city, country):		
	Acquired specialty/education/degree or ungraduated:		
No.	Start (month, year)	End (month, year)	Name of educational institution
2)			
	Location (city, country):		
	Acquired specialty/education/degree or ungraduated:		
No.	Start (month, year)	End (month, year)	Name of educational institution
3)			
	Location (city, country):		
	Acquired specialty/education/degree or ungraduated:		
No.	Start (month, year)	End (month, year)	Name of educational institution
4)			
	Location (city, country):		
	Acquired specialty/education/degree or ungraduated:		

### IV. EMPLOYMENT

**16. Employment related to background check**

Fill in the details of the job for which the background check is required.

<b>Name of the employer:</b>	
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<b>Job title:</b>	
<b>Description of duties:</b>	

**17. Employment activity during the last five years**

In chronological order, starting with the current employment, please enlist all the positions held (including active military service abroad, entrepreneurship etc.) during the last five years. In case of gaps longer than 28 days in employment, please indicate the reasons in chapter VI “ADDITIONAL CIRCUMSTANCES YOU CONSIDER IMPORTANT TO NOTE”.

<b>No.</b>	<b>Start</b> (month, year)	<b>End</b> (month, year)	<b>Name of employer:</b>
1)			
	Job title:		Description of duties:
	Reason of leaving:		
	Employer's address (city, country) and contact details:		
<b>No.</b>	<b>Start</b> (month, year)	<b>End</b> (month, year)	<b>Name of employer:</b>
2)			
	Job title:		Description of duties:
	Reason of leaving:		
	Employer's address (city, country) and contact details:		
<b>No.</b>	<b>Start</b> (month, year)	<b>End</b> (month, year)	<b>Name of employer:</b>
3)			
	Job title:		Description of duties:
	Reason of leaving:		
	Employer's address (city, country) and contact details:		

**V. OTHER INFORMATION****18. Participation in associations/organizations/movements**

Please enlist all associations and organizations (including clubs, unions, congregations, societies, cooperatives, associations), movements or political parties (including countries other than Estonia), in which you are actively participating or have participated. Include companies in which you hold or have held a leading position, including the board membership.

<b>19. Health and lifestyle in the last ten years</b>	
Mark "yes" or "no" with a cross. If the answer is "yes", please describe the circumstances.	
Yes	No
Have you consulted a psychiatrist or psychologist?	
Description (including consultation provider, month and year)	
Have you had alcohol consumption related problems (at work, in public places, health problems)?	
Description (including year and month)	
Do you use or have used drugs or psychotropic substances?	
Description (including year and month)	
Have you abused legally permitted drugs or other psychotropic substances?	
Description (including year and month)	
Have you practiced or do you regularly practice gambling games (casinos, internet casinos, sports betting, etc.)?	
Description (including year and month)	

**20. Penalties/punishments**

Mark "yes" or "no" with a cross, including penalties received abroad, i.e. outside the Republic of Estonia.

Yes	No
1) Have you been punished for a misdemeanor?	

		2) Have you been punished for a criminal offence?
		3) Are you currently or have you been involved in a criminal proceeding as a suspect, defendant, or an accused person?

In case of penalties/punishments or involvement in active or past proceedings, indicate the country and describe the circumstances.

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If you have been penalized or punished in a country other than Estonia, please include, if possible, the criminal record or official confirmation (in Estonian or English).

**VI. ADDITIONAL CIRCUMSTANCES YOU CONSIDER IMPORTANT TO NOTE**


**Under subsection 1 of § 46<sup>9</sup> of the Aviation Act, this Personal Data Questionnaire Form will be used by the Estonian Internal Security Service to carry out a background check.**

**While signing this Personal Data Questionnaire Form, I am aware that the Estonian Internal Security Service will verify the data submitted and check the existence of the circumstances specified in subsections 4 and 5 of § 46<sup>9</sup> of the Aviation Act.**

\_\_\_\_\_ (day, month, year)

\_\_\_\_\_ (signature of the applicant)