

ANOTACIONES DIVERSAS

EMPAORONAMIENTO

Cedulas 02/05/2003

Firma

El Teniente / Jefe de la Oficina de Reclutamiento Naval

Javier Diaz de Navajo / Jefe de la Oficina de Reclutamiento Naval

CIF 00 055 0000

LLAMAMIENTO DE RESERVAS 0041341

RESERVA ORGANIZA

29/01/2019

RESERVA ESPONTE

LIBRETA DE SERVICIO MILITAR (MARINIA)



033065 08 170



A FECHA



Javier Diaz de Navajo / Jefe de la Oficina de Reclutamiento Naval

CIF 00 075 0000

Lista de la gente que vive con Usted

FOREIGN RELATIVES, FRIENDS AND ASSOCIATES (NON-US CITIZENS)-List immediate family and relatives who are cohabitants of current residence

Full Name (First Middle Last)	Relationship	DOB	POB	Current Address	Country of Citizenship	Occupation	Employer
Nombres + Apellidos	Relación	Fecha de Nacimiento	Lugar de Nacimiento	Dirección	Ciudadanía	En que trabaja	Empleador
Janet Ortiz Guaran		12/10/1970	LIMA	Calle San Lorenzo 200 Urb. Huascarán	LIMA 25 PERU	laboratory operator	Corporación INFORMASA
Daniela Quispe Ortiz	DAUGHTER	11/04/1998	LIMA	"	"	estudien	—
Lore Quispe Ortiz	SON	02/18/1999	LIMA	"	"	estudien	—

1 = Mamá

4 = hijas

2 = Papi

5 = hermanos

3 = Esposas

Cindy Brimer

From: DS OPO Kabul ESF [dsopokabulesf@state.gov]
Sent: Wednesday, October 26, 2005 6:46 PM
To: Cindy Brimer
Cc: DS IND LG KABUL; Hodge, William B
Subject: RE: ESF-Quispe Flores-Jose

APPROVED

From: Cindy Brimer [mailto:BRIMERC@mvminc.com]
Sent: Monday, October 24, 2005 1:57 PM
To: DS OPO Kabul ESF
Subject: ESF-Quispe Flores-Jose

Cindy Brimer

From: Cindy Brimer
Sent: Friday, October 28, 2005 9:48 AM
To: 'Mike Dodd'; 'Adam Rosenbaum'
Cc: Jaysen Turner
Subject: FW: ESF-Quispe Flores-Jose

APPROVED – Continue processing...

-----Original Message-----

From: DS OPO Kabul ESF [mailto:dsopokabulesf@state.gov]
Sent: Wednesday, October 26, 2005 6:46 PM
To: Cindy Brimer
Cc: DS IND LG KABUL; Hodge, William B
Subject: RE: ESF-Quispe Flores-Jose

APPROVED

From: Cindy Brimer [mailto:BRIMERC@mvminc.com]
Sent: Monday, October 24, 2005 1:57 PM
To: DS OPO Kabul ESF
Subject: ESF-Quispe Flores-Jose

Cindy Brimer

From: Cindy Brimer
Sent: Wednesday, November 16, 2005 10:27 AM
To: 'silerda@state.gov'
Subject: FW: QUISPE FLORES, Jose A.

Importance: High

Dennis,

The answers to questions 18, 19 and 20 for Mr. Quispe Flores, Jose A. are "NO". Do you want him to submit a new SF-85P?

Thank you,
Cindy

-----Original Message-----

From: Steve Gottrich
Sent: Monday, November 14, 2005 9:39 AM
To: Cindy Brimer
Subject: FW: QUISPE FLORES, Jose A.
Importance: High

Cindy: FYI and action. Thanks.

-----Original Message-----

From: Siler, Dennis A [mailto:SilerDA@state.gov]
Sent: Monday, November 14, 2005 8:20 AM
To: Steve Gottrich
Cc: Ranly, George
Subject: FW: QUISPE FLORES, Jose A.
Importance: High

Steve,

Please read below and advise

> -----Original Message-----

> From: Luna, Alfred
> Sent: Monday, November 14, 2005 8:18 AM
> To: Ranly, George; Siler, Dennis A
> Subject: QUISPE FLORES, Jose A.
> Importance: High

>
> George and Dennis - QUISPE FLORES, Jose A. did not answer questions
> 18, 19 and 20 relating to drug use and finances on his SF-85P. Please
> obtain answers to these and forward to me.

>
> Thanks,

>
> Al Luna
> PSS

>

Cindy Brimer

From: Steve Gottrich
Sent: Monday, November 14, 2005 9:39 AM
To: Cindy Brimer
Subject: FW: QUISPE FLORES, Jose A.

Importance: High

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Sent: Monday, November 14, 2005 8:20 AM
To: Steve Gottrich
Cc: Ranly, George
Subject: FW: QUISPE FLORES, Jose A.
Importance: High

Steve,

Please read below and advise

> -----Original Message-----

> **From:** Luna, Alfred
> **Sent:** Monday, November 14, 2005 8:18 AM
> **To:** Ranly, George; Siler, Dennis A
> **Subject:** QUISPE FLORES, Jose A.
> **Importance:** High

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> George and Dennis - QUISPE FLORES, Jose A. did not answer questions
> 18, 19 and 20 relating to drug use and finances on his SF-85P. Please
> obtain answers to these and forward to me.

>

> Thanks,

>

> Al Luna

> PSS

>

**Checklist for Moderate Risk Public Trust and High Risk Public Trust Positions
Conducted by Department of State**

Date: 31 Oct 05

Company Name: MVM, INC Sub Contractor Name: _____
 Contract Number: SGF500-05-C-1079 Task Order Number: _____
 Employee Name: QUISEPÉ-Flores, Jose A. SSI #: 07254991 and/or National ID #: _____
 Date of Birth: (mm/dd/yyyy) 01/29/1969 Place of Birth: LIMA, PERU
 Position/Title: GUARD Country Deployment Location: KABUL, AFGHANISTAN

Note: Please place checklist on top of each individual package submitted.

Moderate Risk Public Trust Processing	High Risk Public Trust Processing
<input checked="" type="checkbox"/> : SF-85P (1)	_____ : SF-85P (2)
<input checked="" type="checkbox"/> : SF-85P-S (1)	_____ : SF-85P-S (2)
<input checked="" type="checkbox"/> : FD-258 Fingerprint Cards (two) (3)	_____ : FD-258 Fingerprint Cards (two) (3)
<input checked="" type="checkbox"/> : DS-4002 Credit Release (4)	_____ : DS-4002 Credit Release (4)
<input checked="" type="checkbox"/> : Birth Certificate or Passport (Copy)	_____ : Birth Certificate or Passport (Copy)
_____ : College Transcripts (Copy)	_____ : College Transcripts (Copy)
<input checked="" type="checkbox"/> : DD Form 214 Certificate of Release or Discharge from Active Duty (Copy) (5)	_____ : DD Form 214 Certificate of Release or Discharge from Active Duty (Copy) (5)
<input checked="" type="checkbox"/> : Foreign Relatives spreadsheet (6)	_____ : Foreign Relatives spreadsheet (6)
_____ : Overseas Activities Contact Data Sheet (7)	_____ : Overseas Activities Contact Data Sheet (7)
<input checked="" type="checkbox"/> <i>DoS bio approval</i>	<input checked="" type="checkbox"/> <i>DoS bio approval</i>

- (1). SF-85P and SF-85PS Moderate Risk Public Trust forms must be completed going back five (5) years
- (2). SF-85P and SF-85PS High Risk Public Trust forms must be completed going back ten (10) years
- (3). FD-258 Fingerprint Cards are provided by Department of State. No other fingerprint cards will be accepted.
- (4). DS-4002 Credit Release. May be reproduced.
- (5). DD Form 214 Certificate of Release or Discharge from Active Duty provided on those who've served in the U.S. Military. (As applicable)
- (6). Foreign Relatives spreadsheet. May be reproduced.
- (7). Overseas Activities Contact Data Sheet. May be reproduced.

Attachments:

1. Facilitating Instructions for processing Moderate Risk Public Trust & High Risk Public Trust positions
2. DS-4002: Disclosure and Authorization Pertaining to Consumer Reports
3. Foreign Relatives spreadsheet
4. Overseas Activities Contact Data Sheet

QUISPE FLORES
JOSE, ALFREDO

SSN: 507-25-4991
Page: 1

1. Personal Information

Name QUISPE FLORES
JOSE, ALFREDO

Birth Date 1969/01/29

Sex Male

Place Of Birth LIMA, PERU

County
PERU

Work/Day Phone 2131200

Home/Day Phone 4816912

Height 5-7

Weight 183

Hair Color BLACK

Eye Color BROWN

2. Other Names Used

NO Have you ever used or been known by another name?

3. Citizenship

Current Citizenship Not a U.S. Citizen

Mother's Maiden Name FLORES YRARICA
YSABEL, .

Alien Registration Number

Date Entered U.S. / /

Place of Entry

Country of Citizenship PERU

4. Where You Have Lived

FROM	TO	ADDRESS
1. 2003/09/10	PRES	CALLE SAN LORENZO 200 URB HUASCAR RIMAC LIMA, PERU

Person Who Knows You

ORTIZ GUEVARA

JANET, .

CALLE SAN LORENZO 200 HUASCARAN

RIMAC

LIMA, PERU

Phone 4816912

NO Is this residence address hard to find?

2. 1998/07/01	2003/09/09	AV GENERAL GARZON 746 JESUS MARIA LIMA, PERU
---------------	------------	--

Person Who Knows You

ABANTO SOPLIN

PAULO, .

AV GENERAL GARZON 746 JESUS MARIA

LIMA, PERU

Phone 3305503

NO Is this residence address hard to find?

5. Where You Went To School

NO Have you attended school beyond Junior High School within the last 5 years?

NO Have you attended school beyond high school? (If all education occurred more than 5 years ago, list most recent education beyond high school regardless of date.)

6. Your Employment Activities

- | FROM | TO | TYPE OF EMPLOYMENT |
|---|------------|--------------------|
| 1. 2004/06/01 | PRES | Other |
| Your Position/Title SECURITY GUARD | | |
| Employer Name WACKENHUT | | |
| Employer Phone 2131200 | | |
| Job Address AV. EL SOL 916 LA CAMPIÑA CHORRILLOS
LIMA, PERU | | |
| Supervisor's Name UGAZ GUERRERO
JULIO, . | | |
| Supervisor Phone 2131200 | | |
| NO Is the employer's address different from the job location address? | | |
| NO Is the supervisor's address different from the job location address? | | |
| 2. 2003/10/01 | 2004/05/31 | Unemployment |
| Verifying Individual ORTIZ GUEVARA
JANET, . | | |
| Address CALLE SA LORENZO 200 URB. HUASCARAN
LIMA, PERU | | |
| Phone 4816912 | | |
| 3. 2003/04/05 | 2003/09/30 | Other |
| Your Position/Title AUXILARY PRODUCTION | | |
| Employer Name MOLITALIA | | |
| Employer Phone 5640408 | | |
| Job Address AV. VENEZUELA 2850
LIMA, PERU | | |
| Supervisor's Name URIOL GUZMAN
ELIAS, . | | |
| Supervisor Phone 5640408 | | |
| NO Is the employer's address different from the job location address? | | |
| NO Is the supervisor's address different from the job location address? | | |
| 4. 2000/07/01 | 2003/04/04 | Other |
| Your Position/Title COLLECTION AGENT | | |
| Employer Name HOMBRECITOS DE COLOR | | |
| Employer Phone 3513906 | | |
| Job Address AV. JAVIER PRADO 740 MAGDALENA
LIMA, PERU | | |
| Supervisor's Name MIRANDA
EDDY, . | | |
| Supervisor Phone 3513906 | | |
| NO Is the employer's address different from the job location address? | | |
| NO Is the supervisor's address different from the job location address? | | |
| 5. 1998/08/03 | 2000/06/30 | Other |
| Your Position/Title COURT CLERK | | |
| Employer Name FALCON EXPRESS S.A | | |
| Employer Phone 4443405 | | |
| Job Address JR. CHICLAYO 725 MIRAFLORES
LIMA, PERU | | |
| Supervisor's Name DEL SOLAR ROJAS
ENRIQUE, . | | |
| Supervisor Phone 4443405 | | |
| NO Is the employer's address different from the job location address? | | |
| NO Is the supervisor's address different from the job location address? | | |

7. Your Employment Record

NO Has any of the following happened to you in the past 7 years?

- Fired from job
- Quit a job after being told you'd be fired
- Left a job by mutual agreement following allegations of misconduct
- Left a job by mutual agreement following allegations of unsatisfactory performance
- Left a job for other reason under unfavorable circumstances

8. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. 2002/02/01	PRES	DEL SOLAR ROJAS ENRIQUE, . Home Address JR CHICLAYO 725 MIRAFLORES LIMA Day Phone 4443405
2. 2001/04/04	PRES	INGA FLORES ANGELO, . Home Address CALLE PAZ SOLDAN 423 CALLAO LIMA Day Phone 4655306
3. 1989/05/02	PRES	GUTIERREZ HUAMAN CRUZ, AVELINO Home Address CALLE VENTURO 143 SOL DE VITARTE ATE LIMA Day Phone 3513906

9. Your Marital Status

What is your current marital status? Married

STATUS/DATES	NAMES/LOCATION
1. Married	ORTIZ GUEVARA JANET, .
DOB 1970/10/12	POB LIMA, PERU
Marriage 1992/07/19	LIMA, PERU
	Maiden ORTIZ GUEVARA
SSN --E1□	JANET, .

YES Is your current spouse's address different from yours?

CALLE SAN LORENZO 200
URB. HUASCARAN
LIMA, PERU

NO Has your current spouse, to your knowledge, ever used another name (other than maiden name)?

Country(ies) of Citizenship PERU

C O - S U B J E C T R E P O R T

QUISPE FLORES
JOSE, ALFREDO

SF85P SSN: 507-25-4991
Page: 6

1. Current Spouse

		ORTIZ GUEVARA
		JANET, .
DOB 1970/10/12	POB	LIMA, PERU
MARRIAGE 1992/07/19		LIMA, PERU
	Maiden	ORTIZ GUEVARA
SSN --Ei□		JANET, .

YES Is your current spouse's address different from yours?

CALLE SAN LORENZO 200
URB. HUASCARAN
LIMA, PERU

NO Has your current spouse, to your knowledge, ever used another name (other than maiden name)?

Country(ies) of Citizenship PERU

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

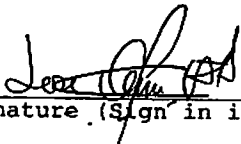
I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Security Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.


Signature (Sign in ink) SSN 507-25-4991

10/17/05
Date

Name QUISPE FLORES
JOSE, ALFREDO

Other Names Used NONE

Address CALLE SAN LORENZO 200 URB HUASCAR
RIMAC
LIMA, PERU

SSN 507-25-4991

Home Phone 4816912

QUISPE FLORES
JOSE, ALFREDO

SSN: 507-25-4991
Page: 1

1. Personal Information

Name QUISPE FLORES
JOSE, ALFREDO

2. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs

NO Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

3. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Position

NO Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

4. Your Use of Alcohol

NO In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 17 on form SF85P (Illegal Drugs - Use).

5. Your Medical Record

NO In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or consulted with another health provider about a mental health related condition? You do not have to answer (Y)es if you were only involved in marital, grief, or family counseling not related to violence by you.

CERTIFICATION BY PERSON COMPLETING FORM

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Name QUISPE FLORES
JOSE, ALFREDO
SSN 507-25-4991


Signature (Sign in ink)

10/13/05
Date

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAME FIRST NAME Jose MIDDLE NAME Alfredo

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

Call. San Lorenzo #200
Urb. Huascarán - Rímac

DATE 12/10/68 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

MVM, Inc.

1593 Spring Hill Road, suite 700
Vienna, Virginia 22182

REASON FINGERPRINTED

Contract Security

ALIASES AKA

Quispe - Paredes

O R

USDS02Z

DEPT STATE/ICI/PSS
WASHINGTON, DC

DATE OF BIRTH DOB
Month Day Year
01 29 69

SEX M RACE H HT 5'7" WT 183 EYES BR HAIR BL PLACE OF BIRTH POB
Lima, PERU

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MINU

SOCIAL SECURITY NO. SOC
07254991

MISCELLANEOUS NO. MINU

CLASS

REF.



1. L THUMB



2. R INDEX



3. R MIDDLE



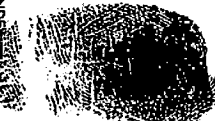
4. R RING



5. R LITTLE



6. L THUMB



7. L INDEX



8. L MIDDLE



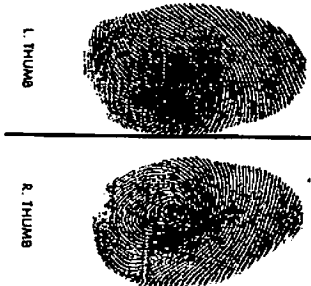
9. L RING



10. L LITTLE

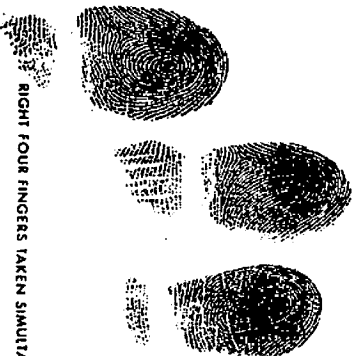


LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L THUMB

R THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



U.S. Department of State
Disclosure and Authorization Pertaining to Consumer Reports
 Diplomatic Security Service
 Pursuant to the Fair Credit Reporting Act (As amended 09/20/97)

This is a release for the U.S. Department of State to obtain one or more consumer/credit reports about you for employment purposes, including evaluating your fitness of employment, promotion, assignment or reassignment (including assignment or reassignment to a contract as a contractor or an employee of a contractor), retention, or access to classified information.

Under the Fair Credit Reporting Act, the term "employment purposes", when used in connection with a consumer report, means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

The term "employee" as used in this disclosure and authorization, means any person employed by, detailed to assigned to, an agency, including members of the Armed Forces; an expert or consultant to an agency; an industrial or commercial contractor, licensee, certificate holder, or grantee of an agency, including all subcontractors; a personal services contractor; or any other category of person who acts for or on behalf of an agency as determined by the appropriate agency head.

I, Jose Alfredo Quispe Flores (printed name),

hereby authorize the U.S. Department of State to obtain such reports(s) from any consumer/credit reporting agency for employment purposes.

I wish to receive a copy of my consumer credit report. (CA, MN, OK residents only)

 Signature

October 12th, 2008

 Date (mm-dd-yyyy)

07254991
~~000-00-0000~~

 Social Security Number

PRIVACY ACT STATEMENT

The information solicited on this form is requested pursuant to provisions in the Fair Credit Reporting Act (15 U.S.C. 1681 (a)) (amended September 30, 1997) and Executive Order 12968, section 1.2(e)(1)(b).

The primary purpose for soliciting this information is to obtain consumer/credit reports to investigate employees/applicants for national security positions.

The information solicited on this form may be made available as a routine use to other government agencies to assist the U.S. Department of State in conducting personnel background investigations and for law enforcement and administrative purposes.

Failure to provide the information requested on this form may result in the administrative withdrawal of security clearance processing. Disclosure of this information is mandatory to comply with investigative standards set forth in Executive Order 12968.