

**MARKING INSTRUCTIONS**

**CORRECT MARK:**

- USE A NO. 2 PENCIL OR BLUE OR BLACK INK PEN ONLY.
- DO NOT USE PENS WITH INK THAT SOAKS THROUGH THE PAPER.
- DO NOT MAKE ANY STRAY MARKS ON THIS SHEET.

**INCORRECT MARKS:**



**PLEASE COMPLETE THE ITEMS SHOWN BELOW**

**1** IS THE INFORMATION ON THE FRONT OF THIS FORM THE SAME AS SHOWN IN YOUR RECORDS?  
 a  YES      b NO (Please explain in item 6)      c WE HAVE NO RECORD ON THIS PERSON

**2** MARK ONE OF THE FOLLOWING PERTAINING TO THIS PERSON'S EMPLOYMENT:  
 a SUBJECT CURRENTLY EMPLOYED HERE      d LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT NOT ENTIRELY FAVORABLE (Please explain in item 6)  
 b  LEFT EMPLOYMENT VOLUNTARILY/EMPLOYMENT ENTIRELY FAVORABLE      e DISCHARGED FOR UNFAVORABLE EMPLOYMENT OR CONDUCT (Please explain in item 6)  
 c DISCHARGED BECAUSE OF COMPANY CUTBACK IN WORKFORCE OR CHANGE IN SKILL NEEDS      f RESIGNED AFTER INFORMED OF POSSIBLE DISCHARGE (Please explain in item 6)  
 g LEFT EMPLOYMENT BY MUTUAL AGREEMENT DUE TO SPECIFIC PROBLEMS (Please explain in item 6)

**3** IS THIS PERSON ELIGIBLE FOR REHIRE?  
 a  YES      b NO - DUE TO COMPANY POLICY AND/OR NOT RELATED TO UNFAVORABLE EMPLOYMENT      c NO - FOR REASONS RELATING TO UNFAVORABLE EMPLOYMENT (Please explain in item 6)

**4** DO YOU HAVE ANY REASON TO QUESTION THIS PERSON'S HONESTY OR TRUSTWORTHINESS?  
 a  NO      c I DO NOT KNOW THIS PERSON WELL ENOUGH TO RESPOND  
 b YES (Please explain in item 6)      d I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**5** DO YOU HAVE ANY ADVERSE INFORMATION ABOUT THIS PERSON'S EMPLOYMENT, RESIDENCE OR ACTIVITIES CONCERNING:  
 YES NO      YES NO      YES NO  
 a  VIOLATIONS OF THE LAW      c  ABUSE OF ALCOHOL AND/OR DRUGS      e  GENERAL BEHAVIOR OR CONDUCT  
 b  FINANCIAL INTEGRITY      d  MENTAL OR EMOTIONAL STABILITY      f  OTHER MATTERS  
 (If YES to any of these questions, please explain in item 6)  
 I WISH TO DISCUSS THE ADVERSE INFORMATION I HAVE

**6** IF ADDITIONAL INFORMATION IS PROVIDED BELOW, YOU MUST FILL IN THIS MARK  
**ADDITIONAL INFORMATION WHICH YOU FEEL MAY HAVE A BEARING ON THIS PERSON'S SUITABILITY FOR GOVERNMENT EMPLOYMENT OR A SECURITY CLEARANCE. THIS SPACE MAY BE USED FOR DEROGATORY AS WELL AS POSITIVE INFORMATION.**

Please note that as a Roman Catholic Priest, Fr. Scanlan is still a priest of the Archdiocese of Boston who has been given permission by his Archbishop through the Archdiocese for Military Services to be a Chaplain with the Department of Veteran Affairs.

**7** DO YOU RECOMMEND THIS PERSON FOR GOVERNMENT SECURITY CLEARANCE OR EMPLOYMENT?  
 a  YES      c I DON'T KNOW THIS PERSON WELL ENOUGH TO MAKE A RECOMMENDATION  
 b NO (Please explain in item 6)

**PRINT NAME:**

Most Reverend William F. Murphy

**PLEASE SIGN THIS FORM HERE:**

*William F. Murphy*

**DATE**

May 12, 1999

**YOUR TITLE:**

Auxiliary Bishop, Vicar General, Moderator of the Curia

**DAYTIME TELEPHONE NUMBER**

(617) 254-0100

**FOR OPM USE ONLY**

**RESULTS**

- |                              |                         |
|------------------------------|-------------------------|
| AC ACCEPTABLE                | (S) ISSUES              |
| AA ACCEPTABLE/ATTACHED       | (P) CONFIDENTIAL/ISSUES |
| PA CONFIDENTIAL/ACCEPTABLE   | (R) RECORD INCONCLUSIVE |
| (N) NO PERTINENT INFORMATION | (F) FEE REQUIRED        |
| NR NO RECORD                 | (D) RELEASE REQUIRED    |
| NL NOT LOCATED               | (S) SUBJECT UNKNOWN     |
| UC UNABLE TO CONTACT         | (Z) NOT AVAILABLE       |
| RF REFERRED                  | ON DISCREPANT           |
| RR RECORD                    |                         |

**ISSUES/CHARACTERIZATION**

- |                               |                                |
|-------------------------------|--------------------------------|
| 1 ( ) (A) (B) (C) (D) (E) (N) | 9 ( ) (A) (B) (C) (D) (E) (N)  |
| 2 ( ) (A) (B) (C) (D) (E) (N) | 10 ( ) (A) (B) (C) (D) (E) (N) |
| 3 ( ) (A) (B) (C) (D) (E) (N) | 11 ( ) (A) (B) (C) (D) (E) (N) |
| 4 ( ) (A) (B) (C) (D) (E) (N) | 12 ( ) (A) (B) (C) (D) (E) (N) |
| 5 ( ) (A) (B) (C) (D) (E) (N) | 13 ( ) (A) (B) (C) (D) (E) (N) |
| 6 ( ) (A) (B) (C) (D) (E) (N) | 14 ( ) (A) (B) (C) (D) (E) (N) |
| 7 ( ) (A) (B) (C) (D) (E) (N) |                                |
| 8 ( ) (A) (B) (C) (D) (E) (N) |                                |

**SCANLON-2 246**

**INVESTIGATIVE REQUEST FOR EMPLOYMENT  
 DATA AND SUPERVISOR INFORMATION**  
 U.S. GOVERNMENT USE ONLY

FORM APPROVED:  
 OMB: 3206-0165

F  
R  
O  
M  
  
 UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
 FEDERAL INVESTIGATIONS PROCESSING CENTER  
 PO BOX 618  
 BOYERS, PA 16018-0618

T  
O  
  
 ATTN: PERSONNEL OFFICE  
 ROMAN CATHOLIC ARCHDIOSESE OF BOSTON  
 2100 COMMONWEALTH AVE  
 BRIGHTON MA 02135

CASE NUMBER									
9	9	4	4	1	0	4	9		
0	0	0	0	0	0	0	0		
1	1	1	1	1	1	1	1		
2	2	2	2	2	2	2	2		
3	3	3	3	3	3	3	3		
4	4	4	4	4	4	4	4		
5	5	5	5	5	5	5	5		
6	6	6	6	6	6	6	6		
7	7	7	7	7	7	7	7		
8	8	8	8	8	8	8	8		
9	9	9	9	9	9	9	9		

**INSTRUCTIONS:** YOUR NAME HAS BEEN PROVIDED BY THE PERSON IDENTIFIED BELOW TO ASSIST IN COMPLETING A BACKGROUND INVESTIGATION TO HELP US DETERMINE THIS PERSON'S SUITABILITY FOR EMPLOYMENT OR SECURITY CLEARANCE. TO HELP US MAKE THIS DETERMINATION, WE ASK THAT YOU COMPLETE ALL ITEMS ON THE BACK OF THIS FORM AND RETURN THE FORM IN THE ENCLOSED ENVELOPE. WE SEND A SEPARATE INQUIRY TO THE PERSONNEL OFFICE AND EACH SUPERVISOR SHOWN ON THE PERSON'S APPLICATION; THEREFORE PLEASE DO NOT FORWARD THIS FOR COMPLETION BY SOMEONE ELSE.

**PRIVACY ACT INFORMATION:** This investigative inquiry is in full compliance with the Privacy Act of 1974 and other laws protecting the civil rights of the person we are investigating. The information you provide, including your identity, will be disclosed to the person being investigated and other federal agencies, at this person's request.

**CERTIFICATION:** THE PERSON WE ARE INVESTIGATING HAS GIVEN WRITTEN CONSENT FOR THIS INVESTIGATIVE INQUIRY. WE KEEP THAT CONSENT ON FILE. IF A COPY IS REQUIRED IN ORDER TO COMPLETE THIS FORM OR YOU WOULD LIKE TO KEEP YOUR IDENTITY CONFIDENTIAL, PLEASE INDICATE THIS REQUIREMENT IN WRITING ON THE REVERSE.

CASE TYPE	ITEM NUMBER	ITEM TYPE
0 2	0 0 3	E 0 1
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
P	P	P

**COMPLETION OF THIS INVESTIGATION AS SOON AS POSSIBLE WILL HELP THIS PERSON AND THE AGENCY PERFORM THEIR DUTIES IN A MORE TIMELY AND EFFICIENT MANNER.**

FULL NAME (LAST, FIRST, MIDDLE)  
 SCANLAN, WILLIAM JEREMIAH  
 OTHER NAMES USED

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DATE OF BIRTH: 06/05/1946  
 PLACE OF BIRTH: BOSTON SUFFOLK, MA

SOCIAL SECURITY NUMBER: [REDACTED]

POSITION FOR WHICH INVESTIGATED: CHAPLAIN

CLAIMED EMPLOYMENT:

FROM	TO	POSITION	NAME OF SUPERVISOR
05/1972	04/1999	PASTOR	BISHOP WILLIAM MURPHY

ACTUAL JOB LOCATION (IF DIFFERENT THAN ABOVE ADDRESS)

**SCANLON-2 247**