

Sent: Fri, 06 Dec 2013 18:13:10 -0500
From: "Kale, Katy A." <katy_a._kale@who.eop.gov>
To: jpodesta@americanprogress.org
Cc: esepp@americanprogress.org, "Fay, Jennie" <jennifer_m_fay@who.eop.gov>, "Platt, Katherine" <katherine_a_platt@who.eop.gov>, "Platt, Katherine" </o=eop/ou=exchange administrative group /cn=recipients/cn=katherine_a_platt">, "Fay, Jennifer" </o=eop/ou=exchange administrative group /cn=recipients/cn=jennifer_m_fay">
Subject: Onboarding information/paperwork
[WHO-candidate-application_updated.pdf](#)

Hello again John,

Sorry I was not able to make the call with Leslie today, but I'm glad you had a chance to speak with Jennie Fay to explain the steps moving forwards, and to let you know we are here to answer any questions you may have.

Below is the information that Jennie discussed with you earlier today.

Application Paperwork:

Attached is the application we'll need filled out, signed and returned to us. Scanning and emailing works perfect. As Jennie mentioned it includes the two application forms, technology user agreement, drug testing acknowledgement, and FBI background investigation.

Next Steps:

Once you return the paperwork you'll be scheduled for a Security interview (can be done by phone), drug test (can be completed after you return from your holiday) and Counsel interview (Leslie is coordinating this with you directly). We will work with Security on your clearance to ensure a smooth transfer to the White House when you start.

Healthcare Question:

You mentioned to Jennie a question about timing your health insurance coverage. If you start on January 6 and fill out your health insurance paperwork that day, your health insurance will take effect at the beginning of the next pay period, which is January 12. You will have coverage from that day forward, however, the only caveat could be that some insurance carriers do not issue ID information quickly, so if [REDACTED]

P6/b(6)

[REDACTED] This of course might not happen, but I wanted you to be aware of the possibility. In order to assist you in choosing a plan before you start, below is the link to the health insurance plans offered.

<http://www.opm.gov/healthcare-insurance/healthcare/plan-information/>

Additionally, as we work through your processing please feel free to reach out to myself, Jennie or Katherine Platt, the SAP for Management and Administration. Both of their contact information is

below. We're here to answer any questions you may have on processing, office space, parking, etc.

Katherine Platt

Special Assistant to the President for Management and Administration

202.456.4647

kplatt@who.eop.gov

Jennie Fay

Director of White House Personnel

202.456.3076

jfay@who.eop.gov

Katy Kale

Assistant to the President

White House Office of Management and Administration

202-456-5400

HealthCare.gov

[Sign up](#) for White House social media alerts

[Learn more](#) about the Affordable Care Act



THE WHITE HOUSE OFFICE APPLICATION FORM

To be completed by candidate

NAME _____ E-MAIL ADDRESS _____

SSN _____ DATE OF BIRTH _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SALARY (CURRENT) _____ SALARY (PRIOR TO CURRENT POSITION) _____

ARE YOU TRANSFERRING FROM ANOTHER AGENCY? ☐ YES ☐ NO DID YOU HAVE PRIOR FEDERAL EMPLOYMENT? ☐ YES ☐ NO

IF YES, PLEASE SPECIFY WHICH AGENCY _____ DATE OF SERVICE _____

To be completed by hiring department

HIRING DEPARTMENT _____ REPORTING TO _____

OFFICE LOCATION _____ PHONE NUMBER _____

POSITION TITLE _____

PROPOSED DATE OF EMPLOYMENT _____ ENDING DATE (IF APPLICABLE) _____

SALARY _____ REQUESTED BY (DEPARTMENT HEAD) _____

WORK SCHEDULE (CHECK ONE) ☐ FULL-TIME ☐ PART-TIME ☐ INTERMITTENT ☐ VOLUNTEER

PAYMENT PLAN ☐ AD ☐ GS

PRESIDENTIAL COMMISSION ☐ YES ☐ NO

APPROVALS

SIGNATURE OF DEPARTMENT HEAD DATE

SIGNATURE OF OFFICE OF MANAGEMENT AND ADMINISTRATION DATE

PRINT NAME

PRINT NAME

Please attach copy of prospective employee's resume.



THE WHITE HOUSE OFFICE SUPPLEMENTAL APPLICATION FORM

To be completed by all persons seeking employment

NAME _____

SSN _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ E-MAIL ADDRESS _____

LAST PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER PHONE _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED

SPOUSE'S NAME _____ SPOUSE'S EMPLOYER _____

CURRENT OR MOST RECENT PLACE OF EMPLOYMENT _____

ADDRESS _____

SUPERVISOR _____ PHONE _____

MILITARY SERVICE ☐ YES ☐ NO SERVICE BRANCH _____ DATE OF DISCHARGE _____

PRIOR EOP SERVICE ☐ YES ☐ NO AGENCY _____ DATES OF EMPLOYMENT _____

DO YOU CURRENTLY HOLD A SECURITY CLEARANCE ☐ YES ☐ NO HAVE YOU EVER BEEN THE SUBJECT OF A COMPLETED BACKGROUND INVESTIGATION ☐ YES ☐ NO

HAVE YOU EVER BEEN FIRED FROM ANY JOB FOR ANY REASON, QUIT AFTER BEING TOLD YOU WOULD BE FIRED, OR LEFT BY MUTUAL AGREEMENT BECAUSE OF SPECIFIC PROBLEMS ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM)

ARE YOU NOW UNDER ANY CHARGE, OR HAVE YOU EVER BEEN CONVICTED OF, OR FORFEITED COLLATERAL FOR ANY VIOLATION OF LAW ☐ YES ☐ NO (IF YES, PLEASE EXPLAIN ON THE BACK OF THIS FORM)

TO BE COMPLETED BY ALL CANDIDATES FOR EMPLOYMENT AND OTHER GOVERNMENT EMPLOYEES

I acknowledge that the information provided herein is true and correct to the best of my knowledge and further acknowledge that this information may be used to initiate a preliminary background investigation to check suitability for employment to the White House and the Executive Office of the President.

NAME _____ SIGNATURE _____ DATE _____

TO BE COMPLETED BY VOLUNTEERS ONLY

I acknowledge that the personnel data is correct and I am volunteering my services without compensation or promise of such.

NAME _____ SIGNATURE _____ DATE _____

TO BE COMPLETED BY REQUESTING OFFICIAL

HIRING DEPARTMENT/OFFICE/AGENCY _____ POSITION TITLE _____

REPORTING TO _____ OFFICE PHONE _____

PERSONNEL STATUS: ☐ EOP EMPLOYEE ☐ OTHER GOVERNMENT EMPLOYEE (PLEASE SPECIFY):

☐ REIMBURSABLE DETAIL

☐ ASSIGNEE (WITH COUNSEL APPROVAL)

☐ HISTORICALLY PROVIDED SERVICE

☐ OTHER (WITH COUNSEL APPROVAL) Specify: _____

☐ NON-REIMBURSABLE DETAIL

☐ WHITE HOUSE FELLOW

☐ PRESIDENTIAL MANAGEMENT FELLOW

☐ VOLUNTEER

☐ INTERN

☐ CONTRACTOR

EFFECTIVE DATE _____ ENDING DATE (IF APPLICABLE) _____

TYPE OF PASS REQUESTED:

☐ BLUE ☐ BLUE RES ☐ BLUE WW | ☐ GREEN ☐ GREEN N | ☐ ORANGE | OTHER _____

THIS INCLUDES ISSUANCE OF PIV CARDS

WAVES CAPABILITY: ☐ WH ☐ EEOB ☐ NEOB ☐ NONE

SIGNATURE OF REQUESTING OFFICIAL _____ APPROVING OFFICIAL _____



THE WHITE HOUSE

DRUG TESTING ACKNOWLEDGEMENT FORM

I, hereby acknowledge that my appointment to a position in the Executive Office of the President (EOP) is subject to the applicant drug-testing requirement as set forth in the EOP Drug-Free Workplace Plan. Thus, I am responsible for presenting myself for a drug test, at a place and time to be determined, prior to the effective date of my employment. I further acknowledge I will be subject to random drug testing throughout the course of my employment. Should it be determined, under the requirements of the Plan, that I have a verified positive test result for any of the prohibited drugs, I understand that my appointment will be terminated. I also understand that if I fail to present myself for a random drug test or if I fail to complete a random drug test, that my appointment will be terminated.

Date

Signature

Social Security Number

Print Name

Hiring Department

Applicant Telephone Number(s)



EXECUTIVE OFFICE OF THE PRESIDENT

TELECOMMUNICATIONS AND INFORMATION

SYSTEMS AND EQUIPMENT

User Agreement

Purpose: To **acknowledge and expressly consent** to expectations, rules of behavior, terms, and conditions that apply when using any Executive Office of the President (EOP) telecommunications or information system or equipment. All personnel who work on behalf of the EOP, including government employees, contractors, interns, volunteers, detailees and other personnel, who perform official EOP functions, must execute this user agreement before being issued or accessing EOP telecommunications or information systems or equipment.

The Executive Office of the President uses unsecured telecommunications and information systems and equipment to conduct day-to-day official business for the United States Government. By signing below, I agree to comply with all Office of Administration (OA) Information Assurance (IA) requirements and guidelines set forth in this User Agreement or posted by the IA Directorate on its webpage (www.eop.gov/ia) when accessing or using EOP telecommunications and information systems and equipment ("EOP systems and equipment"), a broad term defined to include, but not limited to, the following EOP items: desktop computers; laptop computers; the EOP computer network; computers connected to the EOP network; devices and storage media attached to the EOP network or to any computer on that network; Blackberry and other similar devices; personal digital assistants; telephones; telephone systems; cellular telephones; fax machines; and any and all other wired or wireless electronic devices and networks used for transmitting or storing voice or data.

I understand and acknowledge that, by signing below, I am expressly consenting to each and all of the following terms and conditions for accessing or using EOP systems and equipment:

1. **EOP systems and equipment are not approved for processing classified voice and data information.** (For purposes of this User Agreement, "classified information" does not include classified Foreign Government Information where modified handling is properly authorized.). Classified information may only be created, edited, or viewed on other, separate systems that are isolated, configured and marked for that purpose.
 - I will not access, store or process any classified information on any unclassified computer, network, or telecommunications device.
 - I will not discuss classified information on any unsecured telecommunications system or device for data or voice, including but not limited to unsecured telephones, Blackberry devices, and cellular telephones.
 - I will not fax classified documents on unclassified fax machines or copy classified documents on copiers not cleared to copy classified information.
 - I will not insert or attach classified storage media, such as diskettes, flash drives, and compact disks into an unclassified computer.
2. **I have no reasonable expectation of privacy regarding any communications or data transmitted through or stored on any EOP systems and equipment.**
 - At any time, the Government may monitor, intercept, search and/or seize communications or data transiting through or stored on EOP systems and equipment.
 - The government routinely intercepts and monitors communications occurring on EOP systems and equipment.
 - Any communications or data transmitted through or stored on EOP systems and equipment may be disclosed or used for any lawful government purpose.
 - Nothing in this Agreement constitutes consent to the search or seizure of a privately-owned computer or other privately-owned communications device, or the contents thereof, that is in the user's home.
3. **EOP systems and equipment are provided for Government-authorized use only, subject to the EOP guidance on limited unofficial use.** I will limit my personal use of the Internet, e-mail, and other utilities in accordance with the *Executive Office of the President Policy on Limited Unofficial Use of Government Office Equipment Including Information Technology*, June 14, 2006. I will not access non-EOP email, chat, or instant messaging services from any EOP computers or from any EOP network account because I understand that doing so may allow viruses to enter the network or violate records management policies. I expressly understand and agree that, even when using EOP systems and equipment for limited unofficial use, **I have no reasonable expectation of privacy in such use and that any and all EOP systems and equipment used hereunder remain subject to monitoring** and all other conditions listed above in paragraphs 1 and 2.
4. **I will not share sensitive information such as account names, passwords, access codes, access procedures, remote access phone numbers, or personal identification numbers with any unauthorized person for any reason.** I will immediately change any initial and/or default passwords when they are assigned. I will not use personal identifiers such as personal or user names or easy to guess words and phrases as passwords or access codes. I will not display passwords, access codes, or access procedures where they may be seen by other people. I will not divulge my password to help desk or other technical support staff members. If I suspect someone else has tried to learn my password, I will report the incident to the OA IA Directorate. I will not use stored passwords or access codes for any automatic login processes.
5. I will not use another person's computer account, and I will not allow other persons to use my computer account. I understand that "shared

accounts” or “group accounts” used to grant logical access to EOP data and IT assets are not authorized for the EOP network. Every user must have a unique account specifically assigned to him or her. **There are no exceptions to this policy.**

6. I will only use authorized means for logging in or connecting to the EOP network. For remote access, I will only connect to the EOP network using the authorized dial-up numbers or the EOP virtual private network (VPN). The dial-in access number and VPN site are sensitive and will not be shared with anyone outside of EOP.
7. I will not utilize any wireless networking technology (e.g., WiFi, Bluetooth) when connected to the EOP network from a remote location; I will not connect any device with a wireless transmitter or receiver to the EOP network.
8. If issued a SecurID, I will immediately return it when I no longer require remote access, my employment is terminated, or upon request by the OA IA Directorate. **If my SecurID is lost or broken, I understand that I will be required to fully explain in writing the complete facts and circumstances of this loss or breakage to my supervisor and the Office of the Chief Information Officer.**
9. I will log off my account when leaving my computer unattended for extended periods (e.g., overnight, away from the office for an entire day, etc.), whether I am working at an EOP facility or I am logged onto the EOP network from another location. I will use a screen saver lock to secure my workstation when away for short periods (e.g., lunch periods, meetings, etc.).
10. I will not connect computers, modems, or telecommunications devices that are not owned, provided, or approved by EOP to the EOP network.
11. I will not modify, add, or remove software from the standard configuration of workstations, servers, or remote access programs. I will contact the Help Desk if I need to have software modified, added, or removed from an EOP desktop.
12. Upon completion of my assignment for which I use EOP systems and equipment, I will follow the checkout procedures to ensure my User Account(s) is/are properly disabled and any government equipment, such as a SecurID, is returned.
13. I will immediately report any suspicious activity that either appears or is known to be in violation of EOP security policies to the EOP OA IA Directorate at 202-395-3304, or the Customer Support Help Desk at 202-395-HELP when outside of normal business hours.
14. I will immediately contact the IA Directorate or, during non-working hours, the Customer Support Help Desk at 202-395-HELP if:
 - Any computer equipment, such as a SecurID or a laptop, is lost or stolen;
 - My employment status changes;
 - I suspect or know of an unauthorized use of any EOP computer equipment.

I acknowledge that failure to comply with the EOP OA IA requirements specified above can result in a formal reprimand, suspension, or termination of employment. I also understand that certain unauthorized activities may also result in criminal penalties or civil proceedings under the provisions of 18 U.S.C. § 1030 and other federal laws.

By signing below, I acknowledge I have read and agree to all the terms of this User Agreement:

Printed Legal Name

Account Name

Signature

Date

Component/Division

Phone



THE WHITE HOUSE
WASHINGTON, DC 20503

Date _____
(Security Office Use Only)

To: Federal Bureau of Investigation
Attn: ☐ NNCPU (ICRC Winchester VA) ☐ SIGBIU (Patriot Plaza)

From: The White House
☐ EOP Office of Security and Emergency Preparedness
☐ White House Counsel's Office

Subject's full name: _____

Other names used (including birth, prior married, and nicknames) _____

Social Security Number: _____ Date of birth: _____ Place of birth: _____

Permanent address
(also current residence, if different): _____

Current employer(s) : _____

SUBJECT'S CONSENT: I hereby authorize the FBI to provide the information specified below to the EOP

(Subject's Signature) (Date)

Request of FBI (Use of this form to request information developed by the FBI or contained in FBI files requires the subject's consent. Exceptions will only be permitted as authorized by the Attorney General/Deputy Attorney General.)

- ☐ Name Check (NNCPU) ☐ Copy of previous report (NNCPU)
☐ Single Scope Background Investigation (SSBI) (SIGBIU)
☐ Background Investigation (BI) (SIGBIU)
☐ Minimum Background Investigation (MBI) (SIGBIU)
☐ Periodic Re-Investigation (PRI) (SIGBIU) ☐ SSBI ☐ BI ☐ MBI
☐ Limited update (SIGBIU) (provide type of update needed) _____
☐ Limited inquiry investigation (SIGBIU)
☐ Other (specify) _____

The applicant is being considered for:

- ☐ EOP staff position
☐ Access: ☐ Detailee/other government employee ☐ Contractor ☐ Intern ☐ Volunteer
☐ Presidential recognition
☐ Other (specify) _____

Attachments: ☐ SF-86 ☐ Other (specify) _____

Remarks/special instructions: _____

I certify, subject to 18 U.S.C. § 1001, that the above is sought for official purposes only and I understand that obtaining this information under false pretenses or any unauthorized disclosure may be a violation of the Privacy Act, 5 U.S.C. § 552a.

Requested by: _____
(Office Use Only)

This request has been reviewed and approved by an authorized official of the cognizant EOP organization.

Approved by: _____
(Office Use Only)

Name: _____

Title/Organization: _____