



## SANDIA NATIONAL LABORATORIES CALIFORNIA NO CLEARANCE REQUIRED PRE-EMPLOYMENT BACKGROUND REVIEW FORM INSTRUCTIONS

The information in this form is required as part of the pre-employment process to assess each candidate's suitability for work at a national laboratory. All information that you provide on this form is verified. It is imperative that you answer all questions completely, honestly, and accurately. Failure to do so will result in delays, and may cause you to be considered unfavorable for employment with Sandia National Laboratories. If you have any questions, please contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.

1. With the exception of your signature, **Do Not** handwrite your Information on this form. Complete this form electronically.
2. Do not modify or change this form in any way.
3. Provide all requested information. Do not leave blank spaces. Use N/A for items that do not apply.
4. Be certain that all telephone numbers you provide are valid, and that any required extension numbers are included.
5. Personal references are people who can provide information about your character, general reputation, personal characteristics, and mode of living.
  - a. Avoid using college professors and teachers as references.
  - b. List only those references that are available for contact between the hours of 9am and 5pm, Mountain Time.
  - c. Contact your references in advance; advise them to expect a telephone call from Sandia National Laboratories.
5. Use the additional space provided on pages five and six for any information that will not fit within the answer blocks on the form. You may attach additional pages as necessary.
6. You must sign and date the signature blocks located on pages one, six, and seven of this form.
  - a. If you are under eighteen years old on the date that you sign this form, your parent or legal guardian must provide their signature on page six.
  - b. Handwrite your signature or use an electronic signature in the signature blocks. **If you use an electronic signature it must be printable and reproducible.**

### NOTES:

- **Sandia National Laboratories is a Drug Free Workplace.**
- **In the event of engagement as a independent consultant / professional service provider, understand that giving false or misleading information or omitting requested information on your resume, in interview(s), or on this form may result in Termination.**
- **Except as required by the Fair Credit Reporting Act or state law, Sandia National Laboratories will not provide details about the results of your Background Review.**

My signature below confirms I have read and understand the above instructions and information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ mm/dd/yyyy

**NOTE:** You may handwrite your signature or use an electronic signature. If you use an electronic signature it must be **printable and reproducible**.

## SANDIA NATIONAL LABORATORIES CALIFORNIA NO CLEARANCE REQUIRED BACKGROUND REVIEW FORM

<b>Administrative Use only</b>		<input type="checkbox"/> Copy sent to Applicant	
Arrival Date	Logged in <input type="checkbox"/>	Logged out <input type="checkbox"/>	Certificate <input type="checkbox"/> Applicant ID Number
<b>Entered into People Soft Date</b>		<b>Employment / Suitability</b> <input type="checkbox"/> Favorable <input type="checkbox"/> Un favorable	
<b>Administrative Use Only. Security Clearance Verification</b> <input type="checkbox"/> None: Level :			
<p>Sandia National Laboratories is a Department of Energy (DOE) National Laboratory. Sandia National Laboratories is required to conduct background reviews on individuals applying for employment. Sandia may review personal references, law enforcement records, prior employment, and education. The information you provide in this application will be used for the sole purpose of conducting a background review.</p> <p>An additional background review may be required if at any time your position requires a security clearance.</p>			
<b>Instructions</b>			
<p>Complete this form Electronically, "Type your information on this form". To facilitate processing, provide complete and accurate information. Place <u>N/A</u> in spaces that do not apply. Use the additional space provided on pages five and six for any information that will not fit within the answer blocks. If you have any questions, please contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.</p>			
<b>Last Name</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Social Security Number:</b>		<b>E-mail Address:</b>	
<b>Driver's License Number:</b>		<b>State of Driver's License:</b>	
<b>Current Phone Number:</b>		<b>Alternate Phone Number:</b>	
<b>If you are a California resident in what county do you reside</b>		<b>County Name:</b>	
<b>Date of Birth</b>	<b>Sex</b>	<b>Place of Birth (City and State)</b>	<b>Country of Birth (If outside of U.S.)</b>
mm/dd/yyyy	<input type="checkbox"/> M <input type="checkbox"/> F		
1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what country are you a citizen of?	
2. Do you hold dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the name(s) of country(ies).	
3. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level (L, Top Secret etc.)	
4. Have you ever been convicted of a crime? Omit any Misdemeanor convictions that are more than two (2) years old for the possession of marijuana, except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis. Convictions will not be an absolute bar to employment.  <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain. Omit any information concerning a referral to, or participation in, any pretrial or post-trial diversion program.	
5. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.	
6. Are you currently using marijuana, or in the past twelve months have you used marijuana. <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date of last use.	
7. Have you ever been discharged or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give employer's name, address, dates of employment and describe the circumstances.	
8. Are you currently illegally using, or in the past twelve months, have you illegally used or experimented with any narcotic, hallucinogen, stimulant, depressant, or hashish, or other controlled drug? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date of last use and what was used.	
9. Have you ever been convicted of a felony or has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please furnish the details.	
10. Other Names Used (EXAMPLES): Maiden Name, Former Name, Alias name, Married Name.			

**Sandia Proprietary Information**  
**PII**

<b>Social Security Number:</b>		<b>Name:</b>	
<b>11. Residences for the past 5 years</b>			
List the places you have lived, beginning with your current residence and working back <b>5 years</b> . The entire period must be accounted for <b>without breaks</b> .			
<b>Current Address:</b> If your current address is a school address, please list here and put permanent home address below.			
Street Address, Apt No			
City		State	Postal Code Country
<b>Residence History</b>			
Month/Year	Month/Year	Street Address, Apt No.	
to			
City		State	Postal Code Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City		State	Postal Code Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City		State	Postal Code Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City		State	Postal Code Country
<b>12. Employment, Unemployment, Military, Student Status for the last 3 years.</b>			
<b>Document your student, employment, unemployment, and military status for the last 3 years</b> Start with your current status and work backwards. Indicate status by checking the applicable box on the first line of each time block. Then complete applicable information. <b>Account for entire three year period without breaks. Place "N/A" in blocks that do not have information in them. <u>If you are or were an unemployed student, check the Unemployed Student box, provide the dates of your unemployed student status, and then put N/A in the remaining blocks that do not apply.</u></b>			
<b>Current Employer or Student Status.</b>			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate a time: <input type="checkbox"/> Any <input type="checkbox"/> Other – please specify:			
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student			<b>Administrative Use Only</b>
Name of Employer/Verifier or Military Duty Location			Verification Date
Month/Year Month/Year			Supervisor's Name
to		Full or part time?	Your Position Title / Military Rank
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address			
City or Country		State or Province	Postal Code Supervisor's / Verifier's Telephone Number
			Ext
<b>Employment or Student History.</b>			
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student			<b>Administrative Use Only</b>
Name of Employer/Verifier or Military Duty Location			Verification Date
Month/Year Month/Year			Supervisor's Name
to		Full or part time?	Your Position Title / Military Rank
		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address			
City		State or Province	Postal Code Supervisor's / Verifier's Telephone Number
			Ext

<b>Social Security Number:</b>		<b>Name:</b>		
<b>Employment or Student History.</b>				
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student			<b>Administrative Use Only</b>	
Name of Employer/Verifier or Military Duty Location			Verification Date	
Month/Year      Month/Year			Supervisor's Name	
to			Your Position Title / Military Rank	
Full or part time?				
<input type="checkbox"/> Full time <input type="checkbox"/> Part time				
Employer's/Verifier's Street Address				
City		State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext.
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student			<b>Administrative Use Only</b>	
Name of Employer/Verifier or Military Duty Location			Verification Date	
Month/Year      Month/Year			Supervisor's Name	
to			Your Position Title / Military Rank	
Full or part time?				
<input type="checkbox"/> Full time <input type="checkbox"/> Part time				
Employer's/Verifier's Street Address				
City		State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext.
<b>13. Education</b>				
<b>Complete the following section by filling in all blanks. If not applicable, enter <u>N/A</u>. The high school education information is required if you obtained a diploma in the past five years. The college/university information is required if you obtained a degree/diploma in the last five years.</b>				
<b>Administrative Use Only</b>		Education Verification Date	<input type="checkbox"/> Transcript	<input type="checkbox"/> Other <input type="checkbox"/> None
<b>High School Diploma</b>				
School Name		School Street Address		
City		State or Province	Postal Code	Country
				Year
<b>College/University</b>				
College/University Name		College/University Street Address		
City		State or Province	Postal Code	Country
Degree / Diploma Obtained		Year Received	Degree/ Diploma Received	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University Name		College/University Street Address		
City		State or Province	Postal Code	Country
Degree / Diploma Obtained		Year Received	Degree/ Diploma Received	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University Name		College/University Street Address		
City		State or Province	Postal Code	Country
Degree / Diploma Obtained		Year Received	Degree/ Diploma Received	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
College/University Name		College/University Street Address		
City		State or Province	Postal Code	Country
Degree / Diploma Obtained		Year Received	Degree/ Diploma Received	
<input type="checkbox"/> Yes <input type="checkbox"/> No				





<b>Social Security Number:</b>	<b>Name:</b>
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**NO SECURITY CLEARANCE REQUIRED INVESTIGATIVE CONSUMER REPORT DISCLOSURE**

In connection with your employment application, Sandia Corporation (Sandia) may obtain an *investigative consumer report* (as defined by California law, and the Fair Credit Reporting Act).

The *investigative consumer report* will be ordered from ADC LTD NM 909 Virginia St. NE, Albuquerque, NM 87108 1-800-750-3181 [<https://adcltdnm.com/>].

- The *investigative consumer report* may include information about your character, general reputation, personal characteristics, and mode of living.
- Under California Civil Code §1786.22, you have the right to contact ADC LTD NM to review or obtain all information in your file. You may request this information in person, by certified mail, or by telephone. You can have someone accompany you if you visit in person. Proper identification will be required. Any coded information in your file will be explained to you.
- For more information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700G Street N.W Washington, DC 2006.

**Before Sandia can obtain an *investigative consumer report* about you; you must give your consent in writing. Your signature below confirms that you have read this section completely.**

**AUTHORIZATION TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Print Your Full Name:

By signing below, I \_\_\_\_\_, acknowledge that I have read the above document entitled **Investigative Consumer Report Disclosure.** I hereby voluntarily authorize Sandia and/or its agent, to obtain an investigative consumer report about me, which may include information about my character, general reputation, personal characteristics, or mode of living. I also authorize Sandia, to consider the report(s) when making decisions regarding my retention or employment with Sandia National Laboratories.

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ mm/dd/yyyy

**NOTE:** You may handwrite your signature or use an electronic signature. If you use an electronic signature it must be **printable and reproducible.**

I request that a copy of the consumer report be provided to me.

**Administrative Use Only: Verification: Date:** \_\_\_\_\_  **No derogatory. Public Records:** \_\_\_\_\_

**Other Information.**
