

Sandia Proprietary Information
PII



CALIFORNIA 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.
6. 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.
7. 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.

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CALIFORNIA CLEARANCE REQUIRED BACKGROUND REVIEW FORM

Administrative Use Only.

Arrival Date: SNL ID Number: Logged in: Logged out: Employment / Suitability Canceled: Favorable: Unfavorable:

Sandia National Laboratories is a Department of Energy (DOE) National Laboratory. Most Sandia employees, contractors, and consultants, are required to hold a DOE security clearance. Positions requiring a security clearance involve access to confidential or proprietary information.

Sandia National Laboratories is required to conduct background reviews on individuals applying for employment or a DOE security clearance. Sandia may review personal references, law enforcement records, credit history, prior employment, and education. The information you provide in this application will be used for the sole purpose of conducting a background review.

Instructions

Complete this form Electronically, With the exception of your Signature, Do Not Handwrite information on this form. To facilitate processing, provide complete and accurate information. Place N/A 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.

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
| | | |

| | |
|-------------------------|-----------------|
| Social Security Number: | E-mail Address: |
|-------------------------|-----------------|

| | |
|--------------------------|----------------------------|
| Driver's License Number: | State of Driver's License: |
|--------------------------|----------------------------|

| | |
|-----------------------|-------------------------|
| Current Phone Number: | Alternate Phone Number: |
|-----------------------|-------------------------|

| | | |
|-----------------------------|--|---|
| Date of Birth mm/dd/yyyy | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Place of Birth: (City, State.) Country of Birth: (If outside of the United States) |
|-----------------------------|--|---|

| | |
|----------------------------|-----------------------------------|
| California Residents Only. | Name of the County You Reside In: |
|----------------------------|-----------------------------------|

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|--|---|
| 1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, what country are you a citizen of? |
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| 2. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Level (L, Top Secret etc.) |
|---|----------------------------|

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| 3. 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. |
|---|--|

| | |
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| 4. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain. |
|--|------------------|

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|---|-----------------------------------|
| 5. 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. |
|---|-----------------------------------|

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| 6. 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. |
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| 7. 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 substance? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide date of last use and what was used. |
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| 8. 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. |
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| 9. Other Names Used (EXAMPLES): Maiden Name, Former Name, Alias name, Married Name. |
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| Social Security Number: | | Name: | |
| 10. Residences for the past 5 years | | | |
| List the places you have lived, beginning with your current residence and working back 5 years . The entire period must be accounted for without breaks . | | | |
| Current Address: 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 |
| Residence History | | | |
| 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 |
| 11. Employment, Unemployment, Military, Student Status for the last 3 years. | | | |
| Document your student, employment, unemployment, and military status for the last 3 years 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. 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> | | | |
| Current Employer or Student Status. | | | |
| 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 | | Administrative Use Only Verification Date: | |
| Name of Employer/Verifier or Military Duty Location | | Supervisor's Name | |
| Month/Year | Month/Year | Full or part time? | Your Position Title / Military Rank |
| to | | <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 |
| Employment or Student History. | | | |
| Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student | | Administrative Use Only Verification Date: | |
| Name of Employer/Verifier or Military Duty Location | | Supervisor's Name | |
| Month/Year | Month/Year | Full or part time? | Your Position Title / Military Rank |
| to | | <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 |

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| Social Security Number: | | Name: | |
| Employment or Student History. | | | |
| Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student | | Administrative Use Only | |
| Name of Employer/Verifier or Military Duty Location | | Verification Date: | |
| Supervisor's Name | | Supervisor's Name | |
| Month/Year | Month/Year | Full or part time? | Your Position Title / Military Rank |
| to | | <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 | | Administrative Use Only | |
| Name of Employer/Verifier or Military Duty Location | | Verification Date: | |
| Supervisor's Name | | Supervisor's Name | |
| Month/Year | Month/Year | Full or part time? | Your Position Title / Military Rank |
| to | | <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. |
| 12. Education | | | |
| Complete the following section by filling in all blanks. If not applicable, enter N/A. 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. | | | |
| Administrative Use Only Education | | Verification Date: <input type="checkbox"/> Transcript <input type="checkbox"/> Other <input type="checkbox"/> None | |
| High School Diploma | | | |
| School Name | | School Street Address | |
| City | State or Province | Postal Code | Country |
| | | | Year |
| College/University | | | |
| College/University Name | | College/University Street Address | |
| City | State or Province | Postal Code | Country |
| Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year Received | Degree/ Diploma Received |
| College/University Name | | College/University Street Address | |
| City | State or Province | Postal Code | Country |
| Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year Received | Degree/ Diploma Received |
| College/University Name | | College/University Street Address | |
| City | State or Province | Postal Code | Country |
| Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year Received | Degree/ Diploma Received |
| College/University Name | | College/University Street Address | |
| City | State or Province | Postal Code | Country |
| Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No | | Year Received | Degree/ Diploma Received |

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| Social Security Number: | Name: |
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13. Personal References.

List three persons over the age of 18 whom you have known for at least 2 years, not relatives or employers, whom we may contact to acquire a personal reference.

| | | |
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| Name | Years Known | Cell: |
| Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other: | | Home |
| Home Address | | Work: Ext. |
| City | State or Province | Postal Code |
| | | E-Mail: |
| Country | | Administrative Use Only / Verification Date: |

| | | |
|--|-------------------|--|
| Name | Years Known | Cell: |
| Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other: | | Home |
| Home Address | | Work: Ext. |
| City | State or Province | Postal Code |
| | | E-Mail: |
| Country | | Administrative Use Only / Verification Date: |

| | | |
|--|-------------------|--|
| Name | Years Known | Cell: |
| Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other: | | Home: |
| Home Address | | Work: Ext. |
| City | State or Province | Postal Code |
| | | E-Mail: |
| Country | | Administrative Use Only / Verification Date: |

Continuation Space

Use this space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the section and try to maintain question format. If additional space is needed use blank sheets of paper and start each sheet with your name and social security number.

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| Social Security Number: | Name: |
| CONSUMER REPORT/ CREDIT REPORT / INVESTIGATIVE CONSUMER REPORT DISCLOSURE | |
| <p>In connection with your employment application, Because you are applying for a position that involves access to confidential or proprietary information. Sandia Corporation (Sandia) may wish to obtain a <i>consumer report or credit report</i> from a <i>consumer reporting agency</i>, or consumer credit agency.</p> <ul style="list-style-type: none"> • The terms <i>consumer</i>, <i>consumer reporting agency</i>, and <i>consumer report</i> are defined in the Fair Credit Reporting Act (FCRA). The terms credit report and consumer credit agency are defined by California law. • The <i>consumer report</i> may include information about your credit worthiness, credit standing, credit capacity, or mode of living and will be used for the purpose of determining your eligibility for employment. • A <i>consumer report</i> is not a report generated by Sandia in-house or information collected by Sandia employees from publicly available sources such as criminal records databases or from your employment and personal references. • Sandia may also obtain an <i>investigative consumer report</i> (as defined by California law). <ul style="list-style-type: none"> a. The <i>investigative consumer report</i> will be ordered from ADC LTD NM 909 Virginia St. NE, Albuquerque, NM 87108 1-800-750-3181. [https://adcltdnm.com] • The <i>investigative consumer report</i> 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. <p>If Sandia obtains a consumer report about you, and if any information in the report is a factor in a decision not to hire you, you will be provided with a copy of the consumer report and a summary of your rights under the FCRA before the decision is finalized. For more information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700G Street N.W Washington, DC 2006.</p> <p>Before Sandia can obtain a <i>consumer report</i>, <i>credit report</i>, or <i>investigative consumer report</i> about you; you must give your consent in writing. Your signature below confirms that you have read this section completely.</p> | |
| AUTHORIZATION TO OBTAIN A CONSUMER REPORT | |
| <p>Print Your Full Name: _____</p> <p>By signing below, I, _____ acknowledge that I have read the above document entitled "Consumer Report Disclosure." I hereby voluntarily authorize Sandia and/or its agent to obtain a <i>consumer report</i> about me from a <i>consumer reporting agency</i>, which may include information about my credit worthiness, credit standing, credit capacity, or mode of living. I also authorize Sandia, to consider the report when making decisions regarding my retention with Sandia National Laboratories as an independent consultant or professional service provider.</p> <p>I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.</p> <p>Signature of Applicant: _____ Date: _____ mm/dd/yyyy</p> <p>NOTE: You may handwrite your signature or use an electronic signature. If you use an electronic signature it must be printable and reproducible.</p> <p><input type="checkbox"/> I request that a copy of the consumer report be provided to me.</p> | |
| Administrative Use Only: | |
| <p>No Credit History: <input type="checkbox"/> No Credit Derogatory: <input type="checkbox"/> Collections: _____ Late Payments 90 Days or Longer: _____</p> <p>Public Records: _____ Verification Date: _____ Copy Sent To Applicant: <input type="checkbox"/> Copy Not Required: <input type="checkbox"/></p> | |
| Credit Information. | |
| | |
| | |
| | |