



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.
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**.

CALIFORNIA NO 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. 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.

An additional background review may be required if at any time your position requires a security clearance.

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:
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Driver's License Number:	State of Driver's License:
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Current Phone Number:	Alternate Phone Number:
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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)
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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 drug? <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. 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 .			
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/School Name/Verifier or Military Duty Location		Supervisor's Name	
Month/Year	Month/Year	Full or part time?	
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address		Your Position Title / Military Rank	
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/ School Name /Verifier or Military Duty Location		Supervisor's Name	
Month/Year	Month/Year	Full or part time?	
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address		Your Position Title / Military Rank	
City	State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext

PII

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/ School Name /Verifier or Military Duty Location		Verification Date: 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/ School Name /Verifier or Military Duty Location		Verification Date: 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:	
13. Personal References			
List three persons over the age of 18 whom you have known for <u>at least 2 years</u>, not relatives or employers, whom we may contact to acquire a personal reference.			
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:
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Continuation Space

14. Authorization & Certifications.

Authorization to Release Information

In connection with my application to work at Sandia National Laboratories, I hereby authorize any persons or organizations having any information pertaining to my employment background, including information covered by the Privacy Act of 1974 or to my personal background, including any record with law enforcement agencies, to release such information to Sandia National Laboratories, or its duly authorized representative. Furthermore, I agree that all such parties be held harmless from liability concerning such release of information. I agree and understand that a photocopy of this authorization may serve as an original. I further authorize the release of information by Sandia Corporation to any party for the purpose of verifying the information I have provided.

Certification That My Answers Are True

I certify that the information in this document is correct and complete to the best of my knowledge and belief. In the event of employment, **I understand that giving false or misleading information or omitting requested information on my resume, in interview(s), or on this form may result in termination.**

Print Your Full Name:

Name (printed): _____.

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.**

If applicant is under 18 years old parent or guardian signature is required.

Parent or Guardian Signature: _____.

Administrative Use Only

No National Derogatory. No MVD Derogatory. No MVD Derogatory. **Verification Date:**

Security Clearance Verification None: **Level :**

Notes:

Social Security Number:	Name:
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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 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 A 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

Public Records: **No Derogatory:** **Verification Date:** **Copy Sent To Applicant:** **Copy Not Required:**

Notes: