



NEW MEXICO PRE-EMPLOYMENT BACKGROUND REVIEW 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 extension numbers required 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 continuation space provided on page's 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 page 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 employment, 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 Pre-Employment 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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PII

NEW MEXICO PRE-EMPLOYMENT 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 Members of the Workforce, including Sandia Corporation (Sandia) employees, contractors, and consultants, are required to hold a DOE security clearance.

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.

If you have any questions, please call the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.

Instructions

Complete this form Electronically, "Type your information on this form". To facilitate processing, provide complete and accurate information in all spaces.. 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.

Last Name		First Name		Middle Name
Social Security Number:			E-mail Address:	
Driver's License Number:			State of Driver's License:	
Phone Number:			Alternate Phone Number:	
Date of Birth mm/dd/yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (City and State)		Country of Birth (If outside of U.S.)
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. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Level (L, Q, Top Secret etc.)	
3. Have you ever been convicted of a crime? (Convictions will not be an absolute bar to employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain.	
4. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain.	
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.	
6. 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.	
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. 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.	
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 it first and list your permanent address next.					
Street Address, Apt No.					
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	
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 School					
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	
Name of Employer/ or School/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 or Country		State	Postal Code	Supervisor's / Verifier's Telephone Number Ext	
Employment History or School					
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Unemployed Student				Administrative Use Only	
Name of Employer/ or School/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	

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Social Security Number:		Name:		
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/ or School /Verifier or Military Duty Location			Supervisor's Name	
Month/Year	Month/Year	Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Your Position Title / Military Rank
To				
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 Verification Date:
Name of Employer/ or School /Verifier or Military Duty Location			Supervisor's Name	
Month/Year	Month/Year	Full or part time? <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Your Position Title / Military Rank
to				
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 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 Received
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 at least 2 years, 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 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.

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 below.

Parent or Guardian Signature: _____

Administrative Use Only

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

Security Clearance Verification **None: Level :**

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Social Security Number:	Name:
CONSUMER REPORT DISCLOSURE	
<p>In connection with your employment application, Sandia Corporation (Sandia) may wish to obtain a <i>consumer report</i> from a <i>consumer reporting agency</i>.</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). Under the FCRA, you are a <i>consumer</i>. • 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. <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> 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 align="center">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 consumer report about me from a consumer reporting agency, 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 or employment.</p> <p><u>I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.</u></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 <u>printable and reproducible</u>.</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>	
Notes.	