



NEW MEXICO BACKGROUND REVIEW UPDATE

You are receiving this notice on behalf of the Personnel Security Background Review Office.

If you have any questions regarding the Background Review process, or the attached form. Contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.

In compliance with 48 CFR 904.401 prior to selecting any individual for any position requiring a DOE access authorization. Sandia National Laboratory must conduct a background review.

Before the Clearance Office can process a clearance request. The person that access authorization is being requested for. Must complete the attached Pre Processing Background form. The completed form must then be returned to the Personnel Security Background Review Office by one of the listed methods.

1. email: pebr@sandia.gov.
2. Fax : 505-284-0595
3. SNL Internal Mail: Personnel Security Background Review Office MS 1475.
4. US. Mail: Sandia National Laboratories
Background Review Office
PO Box 5800
Mail Stop 1475
Albuquerque, NM 87185
5. Hand Delivery: The Personnel Security Background Review Office is located at Sandia National Laboratories New Mexico. On the first floor of the IPOC building in Suite B-1.

Note: Do not contact the Clearance Office if you have questions regarding the information on this notice or the attached form. Contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or call direct at (505) 844-8902.

Sandia Proprietary Information/Personally Identifiable Information (PII) when completed



NEW MEXICO BACKGROUND REVIEW UPDATE INSTRUCTIONS

The information in this form is required because it has been longer than two years since your pre-employment background review was conducted. 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. 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. Complete this form electronically. With the exception of your signature, **Do Not** handwrite your Information on this form.
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 6 and 7 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.
- 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 Proprietary Information/Personally Identifiable Information (PII) when completed

NEW MEXICO BACKGROUND REVIEW UPDATE FORM

Administrative Use Only.			
Arrival Date:		Logged in: <input type="checkbox"/> Logged out Date:	
Suitability. Canceled: <input type="checkbox"/> By:		Favorable: <input type="checkbox"/> Unfavorable: <input type="checkbox"/>	
Completed by:		Verified by:	
Clearance Status: <input type="checkbox"/> No Clearance <input type="checkbox"/> Q Active <input type="checkbox"/> L Active <input type="checkbox"/> Q Terminated <input type="checkbox"/> L Terminated <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended			
Identifying Information			
Provide Your Full Name: (Do Not Use Initials)			
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 been denied a security clearance, or had a security clearance revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.	
3. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level (L, Q, Top Secret etc.)	
4. 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, and dates of employment, and describe the circumstances.	
5. In the last 12 months have you used marijuana? Use of marijuana includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming marijuana. <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date of last use.	
6. In the last 12 months have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide date of last use, and what was used.	
7. 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.	
8. Are you currently on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, furnish the details.	
10. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain.	

Sandia Proprietary Information/Personally Identifiable Information (PII) when completed

Social Security Number:		Name:	
11. 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
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
12. 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 3-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 Student box and provide the dates of your unemployed student status, then put "N/A" in the remaining blocks that do not apply.			
Current Employer			
Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> 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? <input type="checkbox"/> Full time <input type="checkbox"/> Part time	Your Position Title / Military Rank
to			
Employer's/Verifier's Street Address			
City or Country	State	Postal Code	Supervisor's / Verifier's Telephone Number Ext
Employment History			
Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> 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? <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.

Sandia Proprietary Information/Personally Identifiable Information (PII) when completed

Social Security Number:		Name:		
Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student				Administrative Use Only
Name of Employer/Verifier or Military Duty Location				Verification Date
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"/> Student				Administrative Use Only
Name of Employer/Verifier or Military Duty Location				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.
13. Education				
Complete the following section by filling in all blanks. If not applicable, enter "N/A." High school education information is required if you obtained a diploma or equivalency in the past 5 years . College/university information is required if you obtained a post-high school degree or diploma, regardless of how long ago it was obtained.				
Administrative Use Only Verification Date:				<input type="checkbox"/> Other <input type="checkbox"/> None
Have you obtained a High School Diploma or equivalency in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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	

Sandia Proprietary Information
PII

Social Security Number:	Name:
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14. Other Names

List any other Names Used (e.g., maiden, former, alias, married). Include any nicknames your references may know you by.

15. Personal References

In the fields below, list three persons over the age of 18 whom you have known for at least 2 years and whom we may contact to acquire a personal reference. Do not list relatives or employers. Personal references are people who can provide information about your character, general reputation, personal characteristics, and mode of living. Avoid using college professors and teachers as references. List only those references that are available for contact between the hours of 9 a.m. and 5 p.m., Mountain Time. Contact your references in advance to advise them to expect a telephone call from Sandia National Laboratories.

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
Country		E-Mail:
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
Country		E-Mail:
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
Country		E-Mail:
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.

Sandia Proprietary Information/Personally Identifiable Information (PII) when completed

Social Security Number:	Name:
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Continuation Space

15. 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 National Laboratories 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: _____

Sandia Proprietary Information/Personally Identifiable Information (PII) when completed

Social Security Number:	Name:
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CONSUMER REPORT DISCLOSURE

In connection with your employment with Sandia National Laboratories (Sandia) may wish to obtain a *consumer report* from a *consumer reporting agency*.

- The terms *consumer*, *consumer reporting agency*, and *consumer report* are defined in the Fair Credit Reporting Act (FCRA). Under the FCRA, you are a *consumer*.
- The *consumer report* 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 *consumer report* 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.

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.

Before Sandia can obtain a *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 CONSUMER REPORT

Print Your Full Name: _____

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 with Sandia National Laboratories as an independent consultant or professional service provider.

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.

Administrative Use Only:

No Criminal Derogatory: **Criminal Derogatory:** **Other Derogatory:**

Criminal History Report Date: _____ **Copy Sent To Applicant:** **Copy Not Required:**

No Credit History: **No Credit Derogatory:** **Collections:** _____ **Late Payments 90 Days or Longer:** _____

Public Records: _____ **Verification Date:** _____ **Copy Sent To Applicant:** **Copy Not Required:**

Notes.