

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



CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW

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. Do not contact the Clearance Office

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

Before the Clearance Office can process a clearance request, the person for whom access authorization is being requested 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.

Email: pebr@sandia.gov

Fax: 505-284-0595

SNL internal mail: Personnel Security Background Review Office, MS 1475

Mail: Sandia National Laboratories
Background Review Office
PO Box 5800
Mail Stop 1475
Albuquerque, NM 87185

Hand Delivery: The Personnel Security Background Review Office is located at Sandia National Laboratories/New Mexico, on the first floor of the IPOC, Suite B-1.

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CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW INSTRUCTIONS

The information on 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 you provide on this form will be 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, 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 who are available for contact between the hours of 9am and 5pm, Mountain Time.
 - c. Contact your references in advance to advise them to expect a telephone call from Sandia National Laboratories.
6. Use the continuation space provided on page 6 for any information that will not fit within the answer block. Attach additional pages as necessary.
7. Sign and date the signature blocks located on pages 2, 7, and 8.
 - a. If you are under 18 years old on the date you sign this form, your parent or legal guardian must sign page 7.
 - 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

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CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW FORM**Administrative Use Only**Arrival Date: _____ Logged in: Logged out Date: _____Suitability: Canceled: By: _____ Favorable: Unfavorable:

Completed by: _____ Verified by: _____

Clearance Status: No Clearance Q Active L Active Q Terminated L Terminated Revoked 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 _____ Sex M F Place of Birth (City and State) _____ Country of Birth (If outside the U.S.) _____

mm/dd/yyyy

1. Are you a U.S. citizen?

 Yes 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?

 Yes No

If yes, explain.

3. Have you ever held a security clearance?

 Yes No

Level (L, Q, Top Secret, etc.)

4. Have you ever been discharged or asked to resign from a position?

 Yes 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.

 Yes 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.

 Yes No

If yes, provide date of last use, and what was used.

7. Have you ever been convicted of a crime?

Omit any misdemeanor convictions that are more than 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.

 Yes No

If yes, explain. Omit any information concerning a referral to, or participation in, any pre-trial or post-trial diversion program.

8. Are you currently on probation or parole?

 Yes No

If yes, explain.

9. Has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record?

 Yes No

If yes, furnish the details.

10. Are you currently required to register as a sex offender?

 Yes No

If yes, explain.

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Social Security Number:		Social Security Number:	
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, list it here and include your 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
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			
May we contact your current employer? If yes, please indicate a time:		<input type="checkbox"/> Yes <input type="checkbox"/> No Note: Your current employer will be contacted if or when an employment offer is made. <input type="checkbox"/> Any time	
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, School, or Military Duty Location		Supervisor's or Verifier'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 or Student 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, School, or Military Duty Location		Supervisor's or Verifier'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"/> Student			Administrative Use Only Verification Date:		
Name of Employer/Verifier, School, or Military Duty Location			Supervisor's or Verifier'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"/> Student			Administrative Use Only Verification Date:		
Name of Employer/Verifier, School, or Military Duty Location			Supervisor's or Verifier'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	

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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
		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 the 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 from which it is continued and try to maintain the 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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16. 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 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 shall 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 interviews, or on this form may result in termination.

Full 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, a parent or guardian signature is required below.

Parent or Guardian Signature: _____.

Administrative Use Only

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

Criminal History Report Date:

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Social Security Number:	Name:
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CONSUMER REPORT DISCLOSURE

Because you are applying for a position that involves access to confidential or proprietary information, Sandia National Laboratories (Sandia) may obtain a *consumer report* or *credit report* from a *consumer reporting agency* or *consumer credit agency*.

- The terms *consumer*, *consumer reporting agency*, and *consumer report* are defined in the Fair Credit Reporting Act (FCRA). The terms *credit report* and *consumer credit agency* are defined by California law.
- The *consumer report* may include information about your credit worthiness, credit standing, credit capacity, or mode of living, and it will be used for the purpose of determining your eligibility for employment.
- A *consumer report* is not a report generated in-house by Sandia, nor is it 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 *investigative consumer report* (as defined by California law).
 - The *investigative consumer report* will be ordered from CriminalRecordCheck.com (CRC), PO Box 90998, Raleigh, North Carolina 27675; 877-272-0266; www.criminalrecordcheck.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 CriminalRecordCheck.com (CRC), to review or obtain all information in your file. You may request this information in person, by certified mail, or by telephone. You may 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.

If Sandia obtains a consumer report about you, and if any information in the report is a factor in a decision not to engage you as an independent consultant/professional service provider, 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 information about additional rights, go to www.consumerfinance.gov/learnmore, or write to the 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 completely read this section.

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.

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

Administrative Use Only

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

Credit Report Date: _____ **Copy Sent to Applicant:** **Copy Not Required:**

Notes: