



## NM 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.

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](mailto:pebr@sandia.gov).
2. Fax : 505-284-0595
3. SNL Internal Mail: Personnel Security Background Review Office MS 1475.
4. 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.**

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## NM CONSULTANT PRE-PROCESSING BACKGROUND REVIEW INSTRUCTIONS

The information in this form is required as part of the 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 retention as an independent consultant or professional service provider with Sandia National Laboratories.

**If you have any questions, please contact the Personnel Security 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 5 pm, 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 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 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:

NOTE: If you use electronic signature, it must be printable and reproducible.

mm/dd/yyyy

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**NM CONSULTANT PRE-PROCESSING BACKGROUND REVIEW**

**Administrative Use Only.**

|   |  |   |
|---|--|---|
| <b>Arrival Date:</b>  | <b>Logged in:</b> <input type="checkbox"/> | <b>Logged out Date:</b>   |
| <b>Suitability: Canceled:</b> <input type="checkbox"/>  | <b>By:</b>                                 | <b>Favorable:</b> <input type="checkbox"/> <b>Unfavorable:</b> <input type="checkbox"/> |
| <b>Completed by:</b>  | <b>Verified by:</b>                        |   |
| <b>Clearance Status:</b> <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.**

|   |   |   |  |
|---|---|---|--|
| <b>Last Name</b>  | <b>First Name</b>   | <b>Middle Name</b>  |  |
| <b>Social Security Number:</b>  | <b>E-mail Address:</b>  |   |  |
| <b>Driver's License Number:</b>   | <b>State of Driver's License:</b>                                   |   |  |
| <b>Phone Number:</b>  | <b>Alternate Phone Number:</b>                                      |   |  |
| <b>Date of Birth</b><br>mm/dd/yyyy  | <b>Sex</b><br><input type="checkbox"/> M <input type="checkbox"/> F | <b>Place of Birth (City and State)</b>  | <b>Country of Birth (If outside of U.S.)</b> |
| 1. <b>Are you a U.S. citizen?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If no, what country are you a citizen of?   |  |
| 2. <b>Have you ever been denied a security clearance, or had a security clearance revoked?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If yes, explain.  |  |
| 3. <b>Have you ever held a security clearance?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Level (L, Q, Top Secret etc.)   |  |
| 4. <b>Have you ever been discharged or asked to resign from a position?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If yes, give employer's name, address, and dates of employment, and describe the circumstances. |  |
| 5. <b>In the last 12 months or have you used marijuana? Use of marijuana includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming marijuana.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If yes, provide date of last use.   |  |
| 6. <b>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.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | If yes, provide date of last use, and what was used.  |  |
| 7. <b>Have you ever been convicted of a crime? (Convictions will not be an absolute bar to employment.)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If yes, explain.  |  |
| 8. <b>Are you currently on probation or parole?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | If yes, explain.  |  |
| 9. <b>Has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If yes, explain.  |  |
| 10. <b>Are you currently required to register as a sex offender?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | If yes, explain.  |  |

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|  |                   |   |  |
|--|-------------------|---|--|
| <b>Last four numbers of Social Security Number:</b>  |                   | <b>Name:</b>  |  |
| <b>11. Residences</b>  |                   |   |  |
| <b>Current Address:</b> 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  |
| <b>Permanent Address if different than Current Address</b>   |                   |   |  |
| Month/Year   | Month/Year        | Street Address, Apt No.   |  |
| to   |                   |   |  |
| City   | State             | Postal Code   | Country  |
| <b>12. Employment, Unemployment, Military, Student Status for the last 3 years</b>   |                   |   |  |
| <b>Document your student, employment, unemployment, and military status for the last 3 years</b> 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. <b>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></b> |                   |   |  |
| <b>Current Employer</b>  |                   |   |  |
| May we contact your current employer?    Yes    No <b>Note:</b> Your current employer will be contacted if or when an offer is made.<br>If yes, please indicate a time: <input type="checkbox"/> Any time  |                   |   |  |
| Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student  |                   |   | <b>Administrative Use Only</b><br>Verification Date: |
| Name of Employer/ School / Verifier or Military Duty Location  |                   |   | Supervisor's Name or Verifiers 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<br>Ext    |
| <b>Employment History</b>  |                   |   |  |
| Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student  |                   |   | <b>Administrative Use Only</b><br>Verification Date: |
| Name of Employer/ School / Verifier or Military Duty Location  |                   |   | Supervisor's Name or Verifiers 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<br>Ext.   |

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|  |            |   |  |  |      |
|--|------------|---|--|--|------|
| <b>Last four numbers of Social Security Number:</b>  |            |   | <b>Name:</b>   |  |      |
| Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student  |            |   | <b>Administrative Use Only</b>                               |  |      |
| Name of Employer/ School / Verifier or Military Duty Location  |            |   | Verification Date:   |  |      |
| Name of Employer/ School / Verifier or Military Duty Location  |            |   | Supervisor's Name or Verifiers Name                          |  |      |
| Month/Year   | Month/Year | Full or part time?<br><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<br>Ext. |      |
| Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student  |            |   | <b>Administrative Use Only</b>                               |  |      |
| Name of Employer/ School / Verifier or Military Duty Location  |            |   | Verification Date  |  |      |
| Name of Employer/ School / Verifier or Military Duty Location  |            |   | Supervisor's Name or Verifiers Name                          |  |      |
| Month/Year   | Month/Year | Full or part time?<br><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<br>Ext. |      |
| <b>13. Education</b>   |            |   |  |  |      |
| 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 or equivalency in the past <b>five years</b> . The college/university information is required if you obtained a <b>post-high school</b> degree or diploma, <b>regardless of how long ago it was obtained</b> .. |            |   |  |  |      |
| <b>Administrative Use Only Verification Date</b>   |            |   | <input type="checkbox"/> Other <input type="checkbox"/> None |  |      |
| <b>High School Diploma</b>   |            |   |  |  |      |
| School Name  |            | School Street Address   |  |  |      |
| City   |            | State or Province   | Postal Code  | Country  | Year |
| <b>College/University</b>  |            |   |  |  |      |
| College/University Name  |            | College/University Street Address   |  |  |      |
| City   |            | State or Province   | Postal Code  | Country  |      |
| Degree / Diploma Obtained<br><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<br><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<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |            | Year Received   | Degree / Diploma Received                                    |  |      |

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|   |                   |  |                   |
|---|-------------------|--|-------------------|
| Last four numbers of Social Security Number:  |                   | Name:  |                   |
| <b>14. Other Names</b>  |                   |  |                   |
| List any other Names Used (e.g., maiden, former, alias, married). <u>Include any nicknames your references may know you by.</u>   |                   |  |                   |
| <b>15. Personal References</b>  |                   |  |                   |
| 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: <b>Ext.</b> |
| 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: <b>Ext.</b> |
| 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: <b>Ext.</b> |
| City  | State or Province | Postal Code                                  | E-Mail:           |
| Country   |                   | Administrative Use Only / Verification Date: |                   |
| <b>Continuation Space</b>   |                   |  |                   |
| 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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|   |              |
|---|--------------|
| <b>Last four numbers of Social Security Number:</b> | <b>Name:</b> |
|---|--------------|

**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 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.**

**Parent or Guardian Signature** \_\_\_\_\_.

**Administrative Use Only**

**NOTES:**

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|   |              |
|---|--------------|
| <b>Last four numbers of Social Security Number:</b> | <b>Name:</b> |
|---|--------------|

**CONSUMER REPORT DISCLOSURE**

Sandia National Laboratories (Sandia) may wish to obtain a *consumer report* from a *consumer reporting agency* prior to engaging your services an independent consultant to SNL.

- 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 a security clearance and access purposes.
- 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 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 more information about additional rights, go to [www.consumerfinance.gov/learnmore](http://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: If you use electronic signature it must be printable and reproducible.**

**Administrative Use Only: Credit and Criminal History.**

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

**Credit Report Date:** \_\_\_\_\_

**No Criminal Derogatory:**  **Criminal Derogatory:**  **Other Derogatory:**  **Copy sent to Applicant:**  **Copy Not Required:**

**Criminal History Report Date:** \_\_\_\_\_

**NOTES:**