



## 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. 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**  
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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.

Arrival Date: SNL ID Number: Logged in:  Logged out: 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 independent consultant / professional service provider positions 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.

## Instructions

Complete this form Electronically, "Type your information on this form". To facilitate processing, provide complete and accurate information. Place N/A in spaces that do not apply. If you have any questions, please call the Personnel Security 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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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 and State)	Country of Birth (If outside of U.S.)
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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, Q, Top Secret etc.)
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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.
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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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<b>Social Security Number:</b>		<b>Name:</b>	
<b>10. Residences for the past 5 years</b>			
<b>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.</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>Residence History</b>			
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
<b>11. Employment, Unemployment, Military, Student Status for the last 3 years</b>			
Regardless of status, <b>Document your employment, unemployment, military, and student 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>Place "N/A" in blocks</b> that do not have information in them. <b>Account for entire three year period without breaks. Any breaks in time will delay the processing of your background review.</b>			
<b>Current Employer</b>			
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 for this time period: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student			<b>Administrative Use Only</b> 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 or Country	State	Postal Code	Supervisor's / Verifier's Telephone Number 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> 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.

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<b>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> 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.	
Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student		<b>Administrative Use Only</b> 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.	
<b>12. 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 in the past <b>five years</b> . The college/university information is required if you obtained a degree/diploma in the last <b>five years</b> .				
<b>Administrative Use Only Verification Date</b>		<input type="checkbox"/> Transcript <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 <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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<b>Social Security Number:</b>		<b>Name:</b>	
<b>13. Personal References</b>			
<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.</b>			
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>Social Security Number:</b>	<b>Name:</b>
<b>CONSUMER REPORT DISCLOSURE</b>	
<p>Sandia Corporation (Sandia) may wish to obtain a <i>consumer report</i> from a <i>consumer reporting agency</i> prior to engaging your services an independent consultant to SNL.</p> <ul style="list-style-type: none"> <li>• 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>.</li> <li>• 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 a security clearance and access purposes.</li> <li>• 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.</li> </ul> <p>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 <a href="http://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> or write to: Consumer Financial Protection Bureau, 1700G Street N.W Washington, DC 2006.</p> <p><b>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.</b></p>	
<b>AUTHORIZATION TO OBTAIN A CONSUMER REPORT</b>	
<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 <i>consumer report</i> about me from a <i>consumer reporting agency</i>, 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.</p> <p><u>I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.</u></p> <p><b>Signature of Applicant:</b> _____ <b>Date:</b> _____  <span style="float: right;">mm/dd/yyyy</span></p> <p><b>NOTE: If you use electronic signature it must be printable and reproducible.</b></p>	
<b>Administrative Use Only:</b>	
<p><b>No Credit History:</b> <input type="checkbox"/>    <b>No Credit Derogatory:</b> <input type="checkbox"/>    <b>Collections:</b>    <b>Late Payments 90 Days or Longer:</b></p> <p><b>Public Records:</b>            <b>Verification Date:</b></p>	
<b>Notes:</b>	