Important

- DO NOT certify your e-QIP until you have completed the following:
  - OF306 Declaration of Employment
  - USAccess enrollment (picture, fingerprints and documents)
- Your e-QIP will be reviewed by a clearance specialist to ensure it meets DOE guidelines

Sandia National Laboratories is a multi-mission laboratory managed and operated by National Technology & Engineering Solutions of Sandia, LLC, a wholly owned subsidiary of Honeywell International Inc., for the U.S. Department of Energy's National Nuclear Security Administration under contract DE-NA0003525. SAND 2021-5210-O

Information you may want to gather before completing e-QIP

- Where you have lived (for the past 5 years):
  - Complete street address
  - Name and contact information for someone who can verify where you lived for the past 3 years (this person does not have to be a neighbor but cannot be a relative or someone already listed in section 11)
- Foreign-born individuals:
  - Obtain citizenship information (naturalization certificate or a “Birth Abroad” form)
- Education:
  - Complete street addresses for where you went to school as you will be asked to list your most recent education completed to include high school information (University Search: https://ope.ed.gov/dapip/#/home)

Information you may want to gather before completing e-QIP cont.

- Employment (for the past 5 years):
  - Obtain the dates, complete street addresses (no PO BOX addresses will be accepted), supervisor's first and last name
- People who know you well:
  - 3 people who know you well, not already listed elsewhere on the eQIP application. Provide person's name, complete street address, and phone number
  - Must cover a combined period of 5 years
- Selective Service:
  - If you are a male born after 12/31/1959 and have registered with Selective Service, find your registration code here: www.sss.gov
- Military service history, if applicable

First three pages are agreements and instructions

An official website of the United States government Here's how you know

Help | Display | Logout

e-QIP

Welcome

Instructions for Editing Your Form Data

0/13
Sections Complete

Select Investigation Request

Welcome

Form Completion Instructions

Sections 1-6: Your Identifying Information

Section 7: Citizenship

Section 8: Where You Have Lived

Section 9: Where You Went To School

Section 10: Your Employment Activities

Section 11: People Who Know You Well

Section 12: Your Selective Service Record

Read the following information before attempting to complete this form. You may refer back to this information at any time while editing your form data by clicking the "Help" link at the top of the screen.

The Electronic Questionnaires for Investigations Processing (e-QIP) system allows you the ability to complete paperwork pertaining to a background investigation requested by your employing agency. The following screens will guide you through the tasks required to complete your investigation request.

The tasks you will complete are, as follows:

- Review the Form Instructions
- Enter Your Form Data
- Validate Your Information for Omissions and/or Errors including any information you previously provided in e-QIP that has been generated from your prior electronic submission
- Review Your Information for Completeness and Accuracy including any information you previously provided in e-QIP that has been generated from your prior electronic submission
- Certify Completeness and Accuracy of Your Investigation Request
- Print an Archival Copy of Your Certified Investigation Request

Form Completion Instructions

Instructions for Completing This Form

Help | Display | Logout

orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

PUBLIC BURDEN INFORMATION

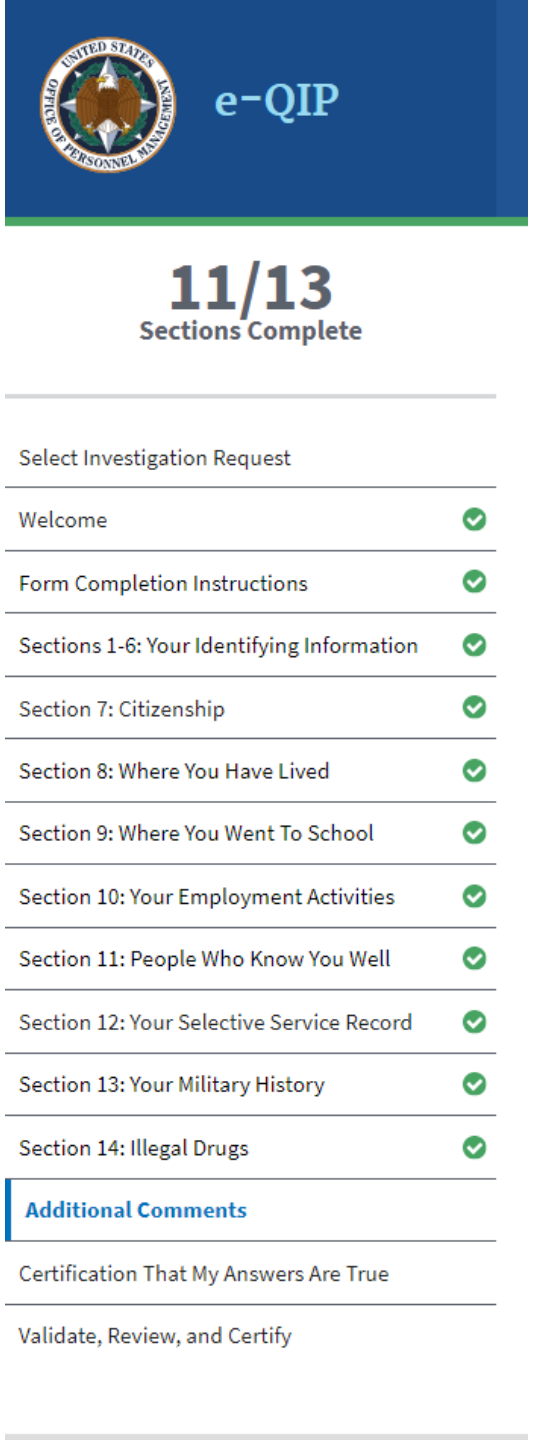
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, United States Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address. The OMB No. 3206-0005 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

Click here to proceed

I have read and understand the above document.

Status bar will allow you to navigate section to section

Green check = No error(s)
Red X = Error(s)



Sections 1 – 6 Your Identifying Information

- Must provide full legal name
- If you do not have a middle name, select the 'No middle name' check box
- Mark the suffix, if applicable

Provide the following information about your identity.

Section 1: Full Name

If you have no first name or middle name, select No First Name (NFN) or No Middle Name (NMN), as appropriate. If you have only initials in your name, enter the initial(s) (without the period) and select Initial Only (IO). If you are a "Jr.," "Sr.," "II," etc., enter this under Suffix.

Full Name

First Name

Initial Only No First Name

Middle Name

Initial Only No Middle Name

Last Name

Suffix

Jr Sr II III IV V

Section 2: Date of Birth

Date of Birth

Month: 12
Day: 18
Year: 1981

☐ Estimated

Section 3: Place of Birth

Place of Birth

Is this place in the United States of America?

Yes | No

City: Albuquerque

County: Bernalillo

State: New Mexico (NM)

Section 4: Social Security Number

- If you list a nickname, fill in the requested information and provide dates
- If you are married, list your Maiden name as ‘Other Names Used’, check the ‘nee’ box and provide dates

Section 5: Other Names Used

Give other names you have used and the period of time you used them (for example: maiden name, name(s) by a former marriage, former name(s), alias(es), nickname(s)). If the other name is your maiden name, check the "nee" box.

Other Names Used

☐ Not Applicable

1.

Name

First Name

☐ Initial Only ☐ No First Name

Middle Name

☐ Initial Only ☐ No Middle Name

Last Name

Suffix

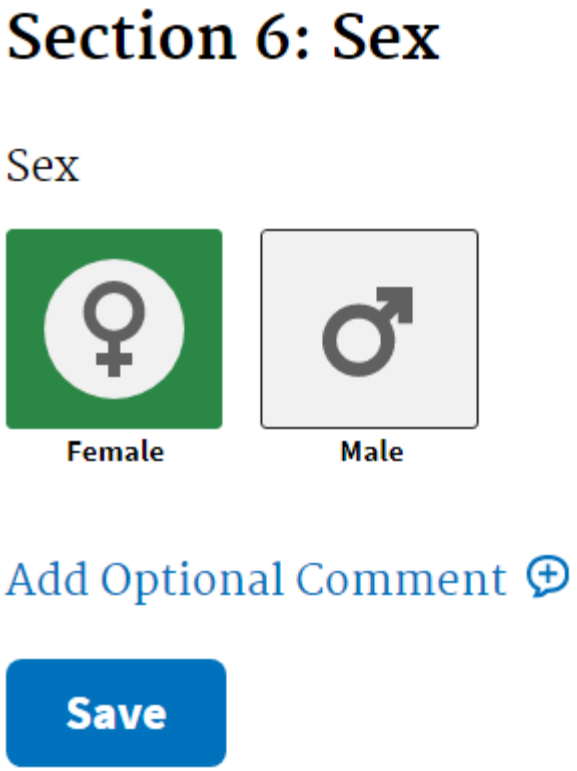
Jr | Sr | II | III | IV | V

Delete

Dates Used

	Month	Year	
From date	12	1981	☐ Estimated
To date	06	2013	or Present ☐ Estimated

- Provide your gender at birth and select Save



Section 7
Citizenship

- Select citizenship status
- If you were born on a U.S. military base in another country, select the second option “I am a U.S. citizen, but I was NOT born in the U.S.”
- Provide your mother’s maiden name

Item a

Mark the box that reflects your current citizenship status, and follow its instructions.

Citizenship Status

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)
- I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)
- I am not a U.S. citizen. (Answer items b and e)

Item b

Your Mother's Maiden Name

- IF you are a naturalized citizen, list the court (U.S. District Court of the city and state you entered the U.S. or U.S. Immigration Services)
- If you cannot find the address for the court, use Google Maps to find the court and complete street address

https://maps.google.com

Item c, United States Citizenship

If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court

Location

City

State

Certificate Number

Date Issued

Month 00 Day 00 Year 0000

Estimated

- If you are a U.S. citizen born in another country (e.g., on a U.S. military base), provide the date and explanation
- Provide passport number and date, if applicable
- If passport is lost or stolen, provide zeros for the passport number and an explanation

State Department Form 240 – Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed.

Date Form Prepared

Month 00 Day 00 Year 0000

Estimated

Explanation

U.S. Passport

This may be either a current or previous U.S. Passport.

Passport Number

Help

Date Issued

- If you are (or were) a dual citizen of the U.S. and another country, list the country(ies) in this section
- If you are a Legal Alien, provide the city and state you entered the U.S. and the date you entered the U.S. (if unsure, select “estimated” checkbox)

Item d, Dual Citizenship

If you are (or were) a dual citizen of the United States and another country, provide the name of that country.

Country(ies) of Dual Citizenship

☐ Not Applicable

1. Country

Add

Item e, Alien

If you are an alien, provide the following information:

Place You Entered the United States

City

State

Date You Entered U.S.

Month	Day	Year
00	00	0000

☐ Estimated

Section 8
Where You Have Lived

- Provide where you have lived and currently live, for the last 5 years
- If an apartment or dorm, list the Apt/Room number (and dorm name) next to the address

Provide the requested information about this place where you have lived.

Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port.

For temporary military duty locations under 90 days, list your permanent address instead. You should use your APO/FPO address if you lived overseas.

Dates of Activity

	Month	Year	
From date	00	0000	Estimated
To date	00	0000	Estimated

or Present

Street Address

This address is

In the United States | APO/FPO | Outside of the United States

Street (include apt, suite, building, floor, etc.)

- Provide the first and last name of a person who knew you at the address and their complete street address (do not list anyone that was provided in Section 11)

For any address in the last 3 years, list a person who knew you at this address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Name

John Moya

Street Address

This address is

In the United States | APO/FPO | Outside of the United States

Street (include apt, suite, building, floor, etc.)

City

State

Zip Code

Add Optional Comment

Save | Cancel

Section 9
Where You Went To School

- Click ‘add entry’ for the screen to the right
- Type the dates you attended that school and what type of school it was (High school/College/Vocational)
- Provide your college education completed, present or at a minimum, your high school education

List the schools you have attended, beyond Junior High School, in the last 5 years. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

Provide the requested information about this school you attended. For correspondence schools and extension classes, provide the address where the records are maintained.

Dates of Activity

From date — Month: 00 — Year: 0000 — Estimated

To date — Month: 00 — Year: 0000 — or Present — Estimated

School Type

High School | College/University/Military College | Vocational/Technical/Trade School

School Name

Street Address

- Complete street address must be provided for school, use Google Maps or Database of Accredited Postsecondary Institutions and Programs (DAPIP):

https://maps.google.com

https://ope.ed.gov/dapip/#/home

- Provide the dates you received one of the items listed or explain (e.g., Diploma received)

Street Address

This address is

In the United States | APO/FPO | Outside of the United States

Street (include apt, suite, building, floor, etc.)

City

State

Zip Code

Provide a detailed entry for each degree, diploma, etc. you received from this school.

Degree/Diploma/Other

1.

Dates Awarded

Month 00

Year 0000

Estimated

Add

Degree/Diploma/Other

Section 10
Your Employment Activities

- Add an entry and select the type of employment that applies for each place you worked in the past 5 years
- Sandia National Labs employees and contractors:
  - Select Federal Contractor as the type of employment

Provide a detailed entry for each of your employment activities for the last 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

Use one of the codes listed below to identify the type of employment:

Type of Employment

Active military duty stations	National Guard/Reserve
U.S.P.H.S. Commissioned Corps	Other Federal employment
State Government (Non-Federal employment)	Self-employment
Unemployment	Federal Contractor
Other	

Save Cancel Delete

- Provide the beginning dates of employment and an end date, if applicable
- Use the ‘Estimated’ checkbox when applicable
- Spell out name of the company completely (e.g., Akima Infrastructure Services, LLC or Sandia National Laboratories – NTESS)
- Provide your position title such as ‘Engineer or Structural Designer’

Dates of Activity

From date — Month: 00 — Year: 0000 — Estimated

To date — Month: 00 — Year: 0000 — or Present — Estimated

Type of Employment

Federal Contractor

List contractor, not federal agency.

Employer Name

Your Position Title

Employer's Street Address

This address is

In the United States | APO/FPO | Outside of the United States

- Provide the complete street address and phone number for the company
- If your job location is or has been different from your employer address, indicate so and provide a complete address
- For companies that have closed or are out of business, provide last known address and phone number listed (e.g., from old pay stubs or bank statements)

Street (include apt, suite, building, floor, etc.)

1515 Eubank Blvd. SE building 957/room 170

City

Albuquerque

State

New Mexico (NM)

Zip Code

87123

Employer's Telephone Number

Number

(000) 000 - 0000

Extension

☐ Check box if International or DSN phone number

Job Location Street Address (if different than employer address)

This address is

In the United States | APO/FPO | Outside of the United States

Job Location Telephone Number

Number

(000) 000 - 0000

Extension

☐ Check box if International or DSN phone number

☐ Supervisor Information Same as Employer

Supervisor's Name

- Supervisor’s first and last name is required
- Select where they are located and their phone number
- When you select where they are located, a field to provide their address will appear

Supervisor Information Same as Employer

Supervisor's Name

Supervisor's Street Address (if different than job location)

This address is

In the United States | APO/FPO | Outside of the United States

Supervisor's Telephone Number

Number

(000) 000 - 0000

Extension

Check box if International or DSN phone numb

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

Previous Periods of Activity

Not Applicable

1. **Dates of Activity**

Supervisor's Street Address (if different than job location)

This address is

In the United States | APO/FPO | Outside of the United States

Street (include apt, suite, building, floor, etc.)

City

State

Zip Code

Supervisor's Telephone Number

Number

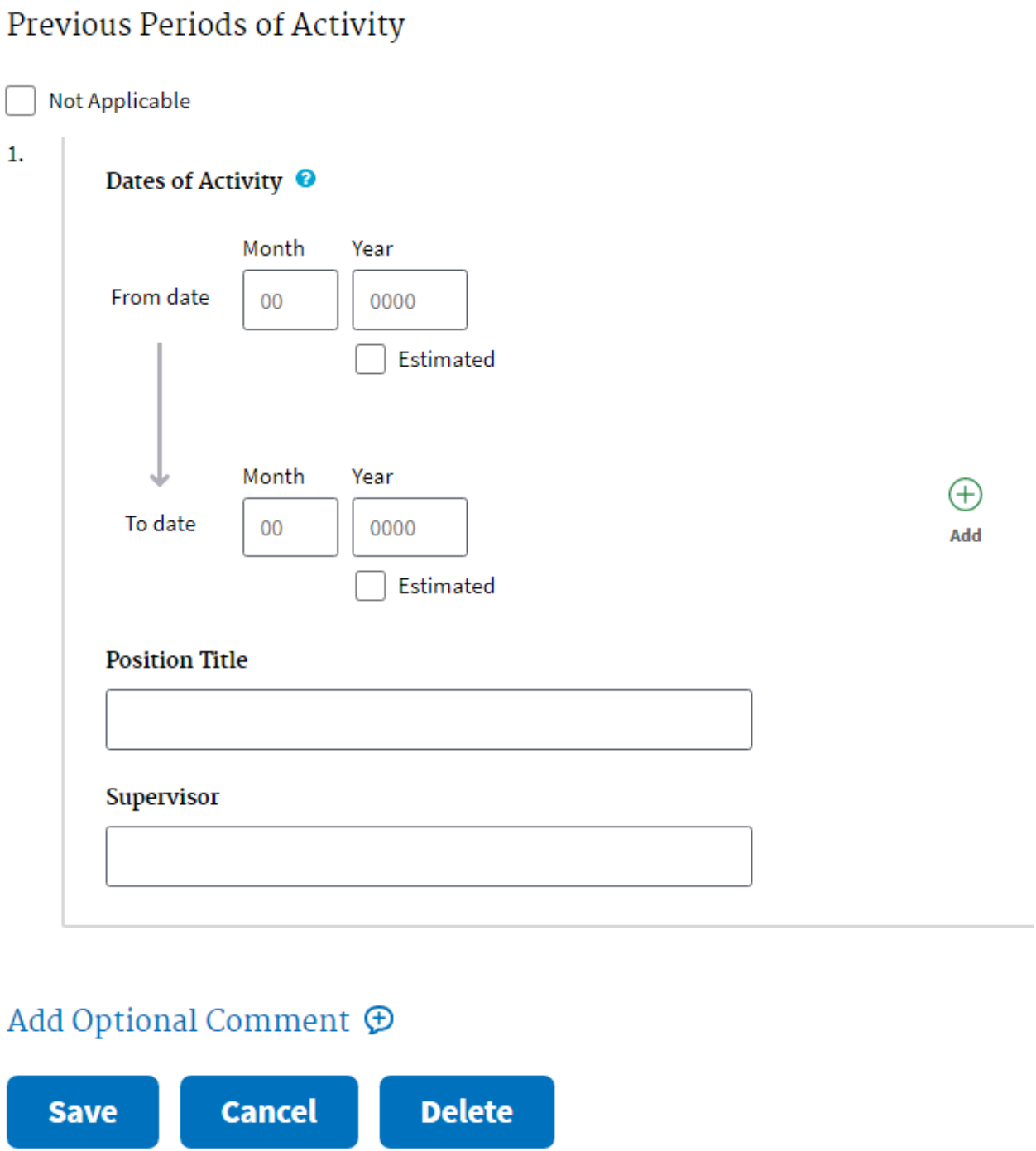
(000) 000 - 0000

Extension

Check box if International or DSN phone number

Provide Previous Periods of Activity if you worked for this employer on more than one occasion at the same location. After entering the most recent period of employment above, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below.

- Only complete this section if you have prior dates of employment with a break in service, otherwise select ‘Not Applicable’
- Enter Dates, position title and the supervisor’s first and last name



Section 11
People Who Know You Well

- Provide three contacts who can speak to your character that are not already listed elsewhere and are not related to you in any way
- Provide their complete street address and phone number
- These three people should have a combined association with you that covers the last 5 years

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Dates Known

	Month	Year	
From date	00	0000	Estimated
To date	00	0000	Estimated

or Present

Name

Home or Work Address

This address is

In the United States | APO/FPO | Outside of the United States

Telephone Number

Number (000) 000 - 0000 Extension Time

Check box if International or DSN phone number

Add Optional Comment

Save Cancel

Section 12
Your Selective Service Record

- If you are a male born after 12/31/1959, select yes, otherwise select no
- If applicable, provide your Selective Service System (SSS) number
- The explanation should only be used if you have a specific situation as to why you did not register
- Verify your SSS number here https://www.sss.gov/Home/Verification

a. Are you a male born after December 31, 1959?

Yes No

b. Have you registered with the Selective Service System?

Yes No

If you answered "Yes" to question b, provide your registration number. If "No," show the reason for your legal exemption.

Registration Number

Legal Exemption Explanation

I Do Not Know

Add Optional Comment

Save

Section 13
Your Military History

- If you have served in the military, select your branch of service and click save

Use one of the codes listed below to identify your branch of service:

Branch of Service

Air Force | Army | Navy
Marine Corps | Coast Guard | Merchant Marine
National Guard

Save | Cancel

a. Have you served in the United States military?

Yes | No

b. Have you served in the United States Merchant Marine?

Yes | No

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. If you had a break in service, each separate period should be listed. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Summary of Your Military History

☐ Not Applicable

No records to display.

Add an Entry

Add Optional Comment

Save

- Provide the dates you were in the service
- Service/Certificate number should be your SSN if you do not know it
- Only if you served in another country's armed forces (i.e., not U.S.), will you indicate a country at the bottom

Dates of Activity

From date — Month: 00 — Year: 0000 — Estimated

To date — Month: 00 — Year: 0000 — or — Present — Estimated

Branch of Service

Army

Service/Certificate #

Officer or Enlisted

Officer | Enlisted

Status

Active | Active Reserve | Inactive Reserve

If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Country

Country

Section 14
Illegal Drugs

- Type of substance and explanation
- Include an explanation to assist in understanding the circumstances
- Click Save

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

Yes | No

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Summary of Substance/Drug Use/Activity

No records to display.

Add an Entry

Add Optional Comment

Save

Date(s) of Activity

From date — Month 00 — Year 0000 — Estimated

To date — Month 00 — Year 0000 — or Present — Estimated

Type of Substance

Explanation

Add Optional Comment

Save | Cancel

Additional Comments

- Do not put anything in this box unless you are trying to explain something already listed elsewhere as its own entry

Certification That My Answers Are True

- Select ‘Continue’ to proceed to the signing process

The following is a preview of the certification document you will sign when you complete this investigation request.

Certification That My Answers Are True

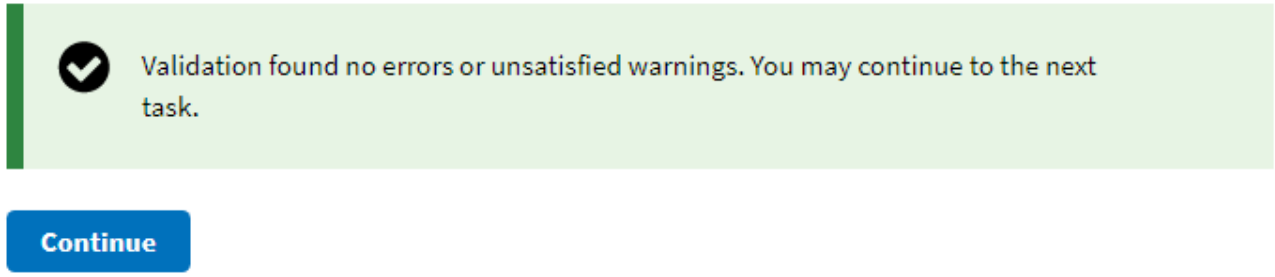
My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature *(Sign in ink)* **(Do not sign at this time.)**	Date

Continue

Validate, Review and Certify

- If you see validation errors, you will be required to go back to the Section specified to fix the error before revalidating at the bottom
- Click ‘Continue’



- You will have the opportunity to print or open and save a display copy of your application
- We suggest you print out or save a copy
- Ready to certify your data, click ‘Continue’

Click the "Display Review Copy" link below to open a printable working copy of the data you provided. If you have viewed your review copy before, be sure to close all other copies you have open to ensure that you are reviewing the current information. Review the information you provided for completeness and accuracy.

Display Review Copy

If you are ready to certify the data you provided, click the "Continue" button to advance to the next screen. If you need to make changes, use the navigation menu to return to the appropriate sections to make changes.

Continue

If you reviewed the data you provided for accuracy and are prepared to submit your completed Investigation Request, click the 'Begin Request Certification Process' button, which will generate an official submittable copy of your Investigation Request, otherwise, use the Navigation menu to return to the appropriate sections to make changes.

I have read the instructions above and I am prepared to begin the process of certifying this investigation request.

Yes No

Begin Request Certification Process

- Select ‘Yes’ to certify and start the signing process
- Click the Begin Request Certification Process button and click ‘ok’

- Click yes to utilize the Click-to-Sign functionality

Some of the signature forms required to complete the processing of your request are available in an online electronic Click-to-Sign format. Utilizing these forms will allow for more efficient processing of your request.

Do you agree to utilize the Click-to-Sign functionality on all relevant forms?

Yes No

Continue

- Enter your 14-character password you created at the beginning of the application and click Continue

Enter your password, then click the "Continue" button.

Password

Continue

- At the bottom of each form, find the ‘Click Here to Sign’ button and click
- The password box will pop up again and you need to enter your password for each of the 4 forms required on the application
- Do not download or save any of the form receipts

Questionnaire for Non-Sensitive Positions (SF85 Format)
OMB No. 3206-0261

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature *(Sign in ink)*	Date *(mm/dd/yyyy)*

e-QIP Version 3.29.01
e-QIP Investigation Request # 29722281

PRIVACY ACT INFORMATION
e-QIP Document Type CER

Back | Click Here to Sign

- Once you have signed all 4 forms you will get this screen and click Next

Step 1 of 4

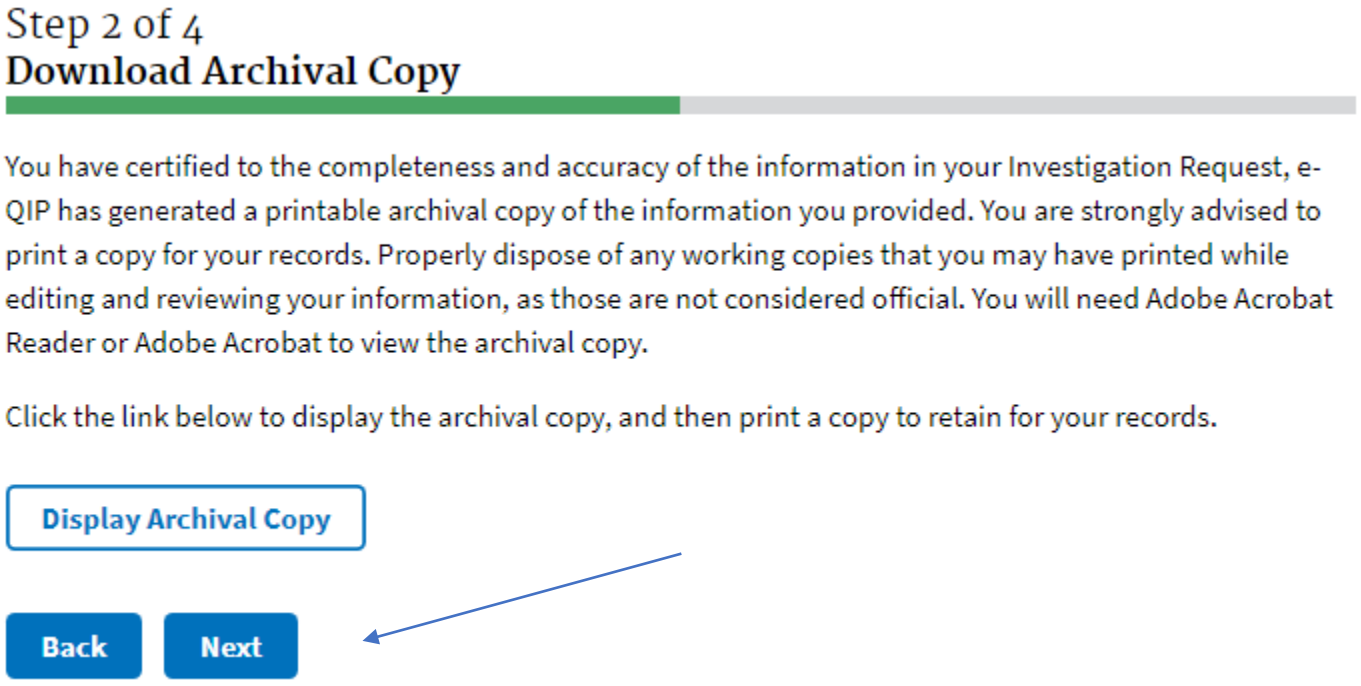
Instruction for Signature Pages, Attachments, and Archival Copy

NOT COMPLETING THE FOLLOWING TASKS WILL DELAY PROCESSING OF YOUR INVESTIGATION REQUEST

- Carefully follow the instructions provided on the following screens in the order displayed.
- If you are unable to complete the following steps at this time (e.g. if you do not have access to a printer at your computer), you MUST return to e-QIP at a later time to complete the remaining steps.
- Contact your agency if you need assistance with printing, uploading, and/or faxing these documents.

Next

- This screen shows the copy of the application again, select the button to Display Archival Copy or click Next



- The documents you digitally signed, are added to your request
- You do not need to upload anything else unless it is to provide any additional document(s) to further explain any situations listed in your application
- Click no and then next on the bottom of this screen

Step 3 of 4

Attachments Summary

Use the following methods for attachments for your Investigation Request:

- **Upload File:** Upload to e-QIP Directly - scan and electronically upload directly to your e-QIP request (must be done before releasing the request)
- **Expected:** Regular Fax, Mail, or Other - if not using one of the method above, indicate how you plan to send each attachment

Directly Attached / Expected Attachments

The following documents and/or files have been associated with your Investigation Request.

PDF **DSCER Certification**

e-QIP_Request_29722281_CER_Receipt.pdf

PDF **DSREL General Release**

e-QIP_Request_29722281_REL_Receipt.pdf

Do you have an additional document and/or file that you would like to associate with this request?

Yes | No

Back | Next

- Click the “Release Request/Transmit to Agency” button
- If you do not do this part, our office cannot review your application

Step 4 of 4

Release Request to Agency

IMPORTANT: *YOUR BACKGROUND INVESTIGATION CANNOT START UNTIL YOUR AGENCY RECEIVES ALL REQUIRED SIGNED SIGNATURE FORMS.*

When you have completed the previous steps, you may release your Investigation Request for processing. Performing this step will electronically transmit your Investigation Request to the agency requesting your investigation, and you will no longer have online access to it for printing, review, or directly adding attachments.

After you complete the previous step, click this button to release and transmit your Investigation Request to the requesting agency.

Back | Release Request/Transmit to Agency

You will see this farewell notice when our office has received the application

Thank You For Using the e-QIP System

Your Investigation Request has been released for processing. This completes the online portion of your submission. If you have not electronically attached all required signature forms, submit the signature forms that you printed to the office requesting your investigation.

For your privacy, close this window when you finish.

Important Closing Information

- You may receive an email if corrections are necessary. If so, you must log into e-QIP again. Carefully follow the specific correction instructions.

  NOTE: Upon logging into e-QIP again for corrections, all 'Yes'/'No' question boxes must be marked again; any previously entered information you provided associated with a 'Yes' response will re-populate.

- You will be notified when your e-QIP is submitted to DOE.

Updated: 2/2021

Electronic Questionnaire for Investigations Processing (e-QIP) Tip Sheet

**********BE ADVISED**********

You MUST follow the instructions provided in this document in addition to the instructions provided in the SF 85 e-QIP application. Failure to follow the instructions provided in this document may result in your submission being rejected back to you for resubmission.

It is recommended that you review all pages of this document prior to CERTIFYING your SF 85 e-QIP.

Upon receipt of a registration code (emailed to you from '*do-not-reply@e-qip.opm.gov), l*og into e- QIP at https://nbib.opm.gov/e-qip-background-investigations/ and follow these steps:

1) At the e-QIP Application webpage, click on 'Enter e-QIP Applicant Site'.
2) You will be required to create a Username and Password to begin registration
3) At the "golden questions" screen, you'll be asked to enter the registration code emailed to you from 'do- not-reply@e-qip.opm.gov.' NOTE: Use the most recent code received as previous registrations from earlier investigation periods are not valid.

e-QIP Tips

General Information:

• ADDRESSES - Complete physical addresses are required. **P.O. Boxes are not acceptable.** All addresses must include street designators (Blvd, St, Dr, Rd..etc) and suffix (NE, SW, SE, NW): *OPM requires a COMPLETE street address or it will be rejected.

• MIDDLE NAMES - If you cannot provide the middle name or initial, then leave the field blank and select "NMN" from the drop-down menu. Do the same when you put in an initial and select "I.O." from the drop-down menu. Responses such as "I don't know", "None", "N/A", and "Unknown" are not valid without a comment that explains the inability to provide the requested information.

• SSN – Enter your SSN on bottom right of each page, starting on page 2, until form is completed.

Identifying Information

• NAME (Last, First, Middle)- please include any suffixes (e.g., Jr., II, IV, Sr.)
• DOB - Month/Day/Year
• Place of Birth – City/COUNTY (not COUNTRY)/State/Country (If not in the United States)
For cities within counties, make sure to also include the county name.

- For Washington, DC, input "Washington" for the city, leave the county blank, input "DC" for the state.

• SSN
• Other Names Used
  • If your passport lists another name than what is provided above, you must include it here.
  • If applicable, include maiden names and names from all former marriages.
  • Include any/all nicknames or initials that you have used for official purposes or legal signatures.
  • Do not leave gaps in dates. Provide entries for all names used from DOB to the date you started using your current name, even if you must provide multiple entries for a name.
• Sex – Female or Male

Citizenship

a. Mark the appropriate box for citizenship and answer corresponding letters associated with answer.
  • US Citizen, born in U.S. (answer b and d)
  • US Citizen, NOT born in U.S. (answer b, c, d)
  • NOT a US Citizen (answer b and e)
b. Your Mother's Maiden Name
c. US Citizen NOT born in US. Provide proof of citizenship.
  • Naturalization Certificate

Court
City/State
Certificate Number
Month/Day/Year Issued

- Citizenship Certificate
  City/State
  Certificate Number
  Month/Day/Year Issued
- State Dept Form 240 – Report of Birth Abroad of a Citizen of the U.S.
  Month/Day/Year
  Explanation
- U.S. Passport (May be current or previous passport)
  Passport Number
  Month/Day/Year Issued

d. Dual Citizenship (if you are/were a dual citizen of U.S. and another country)
Country

e. Alien (If you are an alien, provide the following)

- Place entered the U.S. (City/State)
- Date you entered U.S. (Month/Day/Year)
- Alien Registration Number
- Country(ies) of Citizenship

Where you have lived

A linear timeline is necessary. If there are overlapping dates, you must provide an explanation as to the overlap in residence.

PERSON WHO KNEW YOU - You must include their address. If you do not know your neighbors, you may list someone else who can verify the residence. Do NOT list your spouse, former spouses, cohabitant or relatives. If the address is a dormitory, provide the school's physical address and then add the hall name and dorm numbers next to it. (any information that cannot be recalled, provide a comment). Include the street designators (examples: Blvd., Ave., SE, NW)

Where you went to school

- ADDRESSES - Provide a complete physical address (preferably for the Admissions Office. "1 University" is NOT valid). Any address that is not a complete physical may get rejected. If you require assistance with this, please contact the university or click here: https://ope.ed.gov/dapip/#/home
  - For the University of New Mexico, you may use 1924 Las Lomas Rd. NE Albuquerque, NM 87131
  - For New Mexico State University you may use 1780 East University Ave., Las Cruces NM 88003
  - For CNM main campus building you may use the following address – E Building, 525 Buena Vista Dr. SE, Albuquerque, NM 87106
- For Correspondence/Distance/Extension/Online Schools, select the appropriate option.

Your employment activities

- SNL EMPLOYMENT
  - EMPLOYMENT ACTIVITY: Sandia National Labs is a Federal Contractor (applicable to all employees, contractors, consultants, and students).
  - EMPLOYER ADDRESS: Use the following:
    Sandia/NM: 1515 Eubank Blvd. SE, Albuquerque, NM 87123
    Sandia/CA: 7011 East Avenue, Livermore, CA 94550
    TELEPHONE NUMBER (HR Records for both NM & CA): 505-845-9400.
  - SUPERVISOR ADDRESS: Must be a complete physical address.
    Sandia/NM: 1515 Eubank Blvd. SE, Albuquerque, NM 87123
    Sandia/CA: 7011 East Avenue, Livermore, CA 94550

• UNEMPLOYMENT (You cannot have overlapping dates of employment and unemployment). Entries require a person who can verify you were not working, such as a relative or roommate. Do not use the Department of Labor.

- If you are a high school or college student who is not employed- add an unemployment entry

People who know you well

Your references cannot be listed elsewhere. The references listed must collectively cover 5 years. DO NOT list your spouse, former spouses, or other relatives.

• When listing someone who works for SNL, you may use their work addresses:

Sandia/NM: 1515 Eubank Blvd. SE, Albuquerque, NM 87123
Sandia/CA: 7011 East Avenue, Livermore, CA 94550

Selective Service Record

• If applicable, include your Selective Service Number. To obtain your Selective Service Number, contact Selective Service at 1-847-688-6888 or find the information online at: https://www.sss.gov/Home/Verification

Your military history

• Have you served in the U.S. military?
• Have you served in the U.S. Merchant Marine?

- List Dates of Service
- Code for appropriate branch of service
- Service/Certificate #
- O for Officer/E for Enlisted
- Check appropriate status box
- List Country

Illegal Drugs

• Answer Yes or No to the following question:

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamine, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

If you answered "YES", provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

- Month/Year
- Type of Substance
- Explanation

Continuation Space – Use this space to provide additional information to the following questions: where you have lived, where you went to school and your employment activities. If more space is needed, use a blank sheet(s) of paper. Start each sheet with your name and SSN. Before each answer, identify the number of the item.

Certify/Validate Your e-QIP

WARNING

Once you certify your e-QIP submission, you will no longer be able to alter the information you have provided. Make sure you have followed all previous instructions before certifying.

Archival Copy (Step 2 of 4 of the e-QIP Release Process)
You may print a copy of your e-QIP by clicking on the *'Display the Archival Copy of this Investigation Request for Printing'* link.

It is highly recommended that you retain an archival copy for your personal records.
Complete e-QIP Signature Pages (Step 3 of 4 of the e-QIP Release Process)
All forms will be digitally signed in e-QIP.

Certification that answers are true

- **Release Request to Agency (Step 4 of 4 of the e-QIP Release Process)** Click "Release Request/Transmit to Agency." Then click "OK."