SF-85 Tip Sheet

Important information before you complete your SF-85

Do not submit your SF-85 until you have completed the following:

- OF-306, *Declaration for Federal Employment*
- USAccess fingerprint enrollment

Information you will need to complete SF-85:

- Where you have lived for the past 5 years (limit history to the last 5 years, regardless of the duration of your stay at your current address).
  - Complete physical addresses (P.O. Box addresses will **not** be accepted).
  - Provide the full name and contact information for someone who can verify where you have lived for the past 3 years. (This person cannot be a spouse, relative or cohabitant.)
- Citizenship:
  - Foreign-born employees (i.e., U.S. citizen born abroad)—provide type of documentation (e.g., FS 240, DS 1350, FS 545).
- Education:
  - Provide the full name and contact information for someone who can verify where you went to school.
  - Ensure that the education "end" date must match the diploma-received date.
- Employment:
  - List all employment, including self-employment, and unemployment for the last 5 years.
  - Provide the dates, physical address (P.O. Box addresses will not be accepted), and full first and last name of your supervisor(s).
  - If you don't know your supervisor's last name, enter "unknown" and include a comment stating that you don't know the last name.
- Selective Service:
  - Males born after 31 December 1959 must enter their Selective Service Registration number. (You can verify your status at www.sss.gov.)
  - If you did not register but were expected to do so, provide an explanation for your lack of registration.
- Military Service (if applicable):
  - Specify the branch of service in which you served, dates of service, and service number. (If you don't know your service number, you can use your Social Security number.)

NOTICE: Information provided on SF-85 and OF-306 must be consistent, including details such as other names used, criminal history, termination of employment, etc.

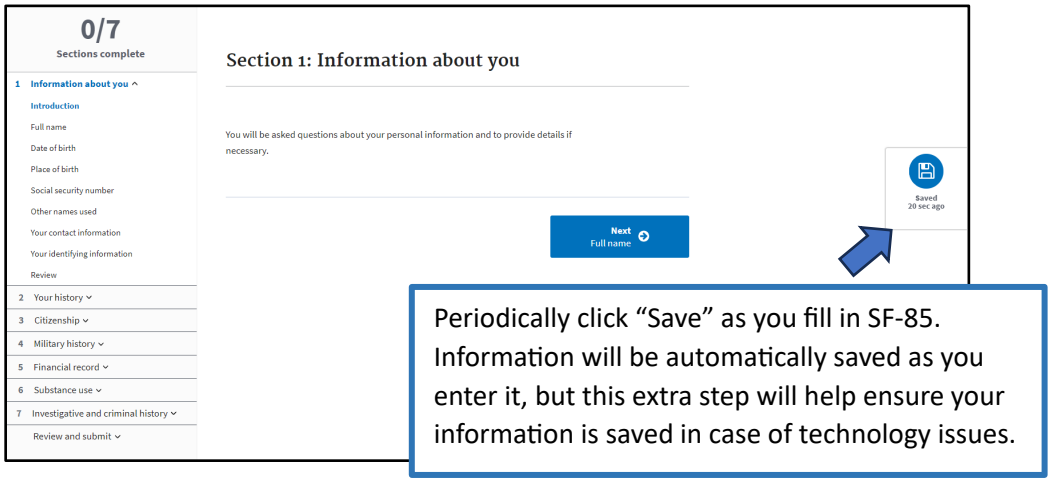
The remainder of this document is organized to address each of the major sections of SF-85. The table of contents below will lead you to specific sections where you may need specific guidance, along with additional useful information about the form and its processing.

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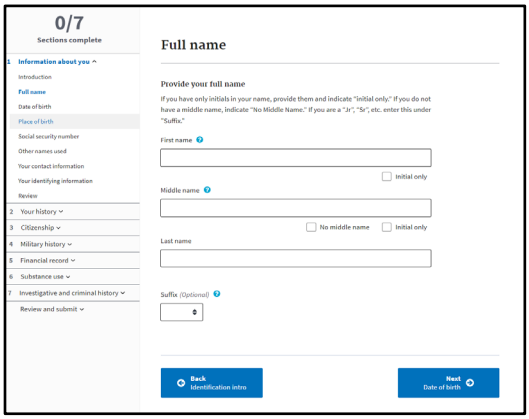
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Section 1: Information about you

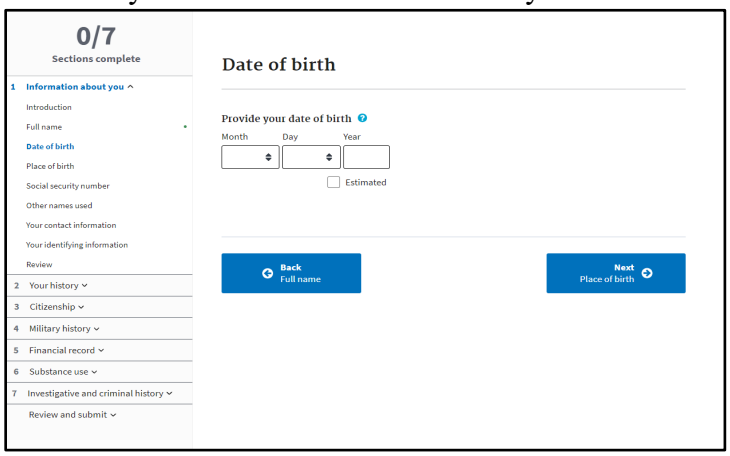
Note: As you complete each section, there will be a green dot when the section is complete. If a checkmark doesn't appear, it means you missed a question in that section.



- Enter your full first, full middle, and full last name as shown on your ID.
- Include suffix, if applicable.



- Enter your date of birth as shown on your ID.

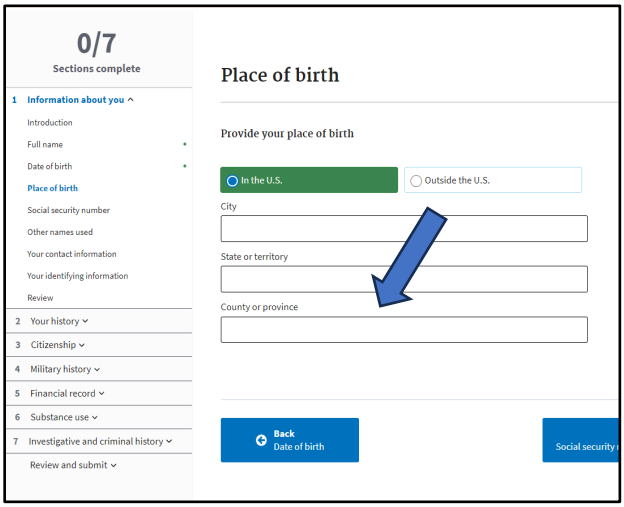


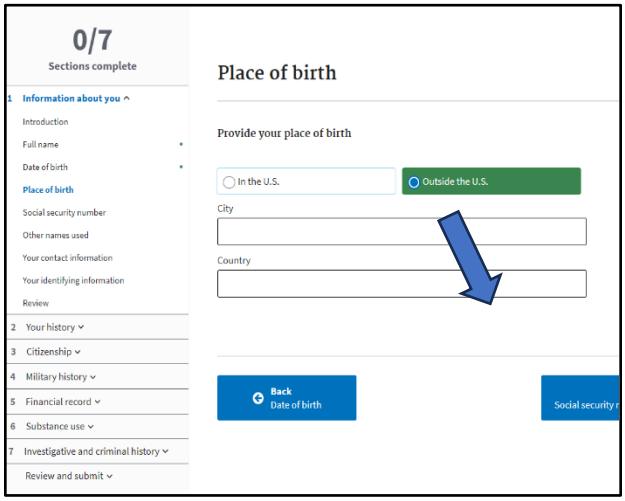
Born in the United States:

Enter the city, county—**not** Country—and state in which you were born. (Do not add the word "county" after the county name.)

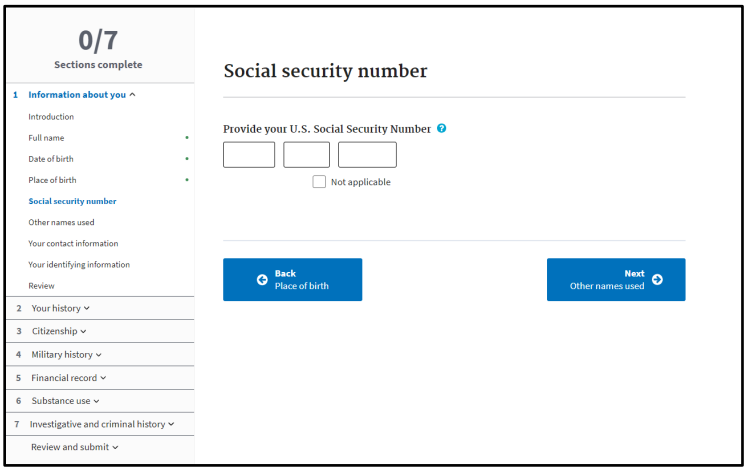
Born outside the United States:

Enter the city and country in which you were born.

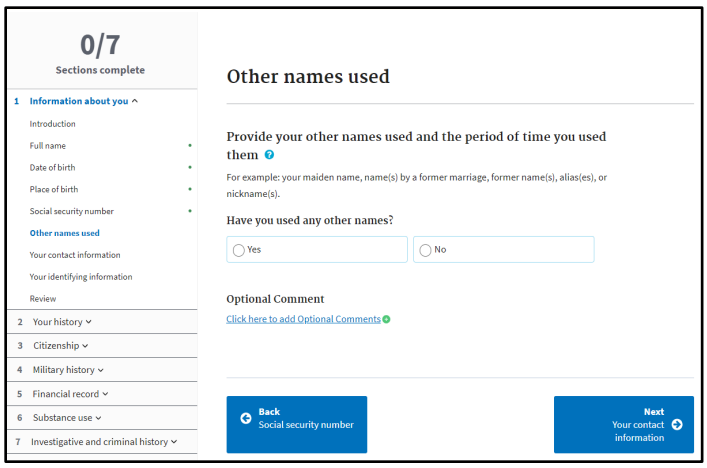


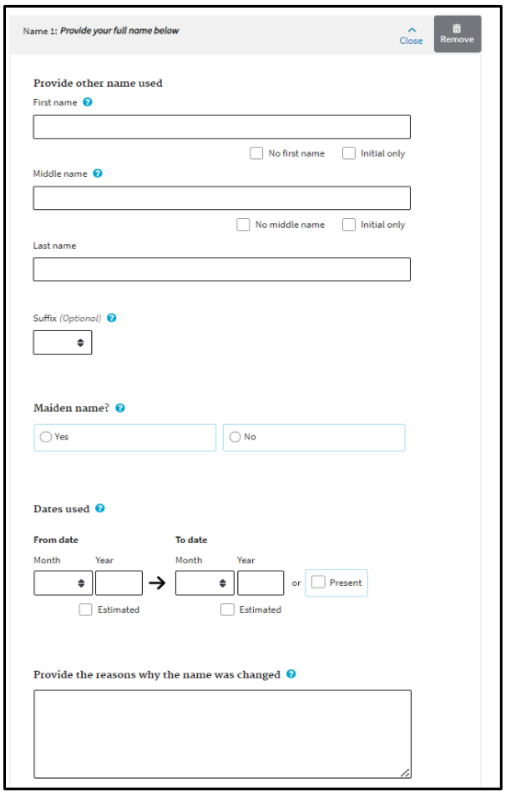


- Enter your Social Security number, then click "Next."
- Verify your Social Security number one more time.

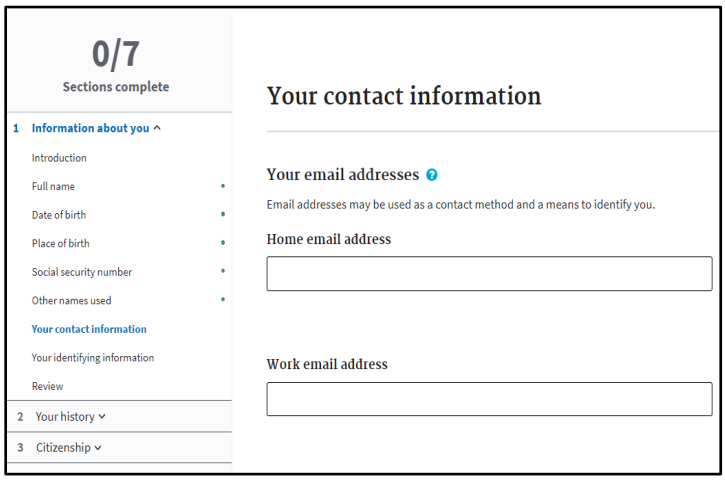


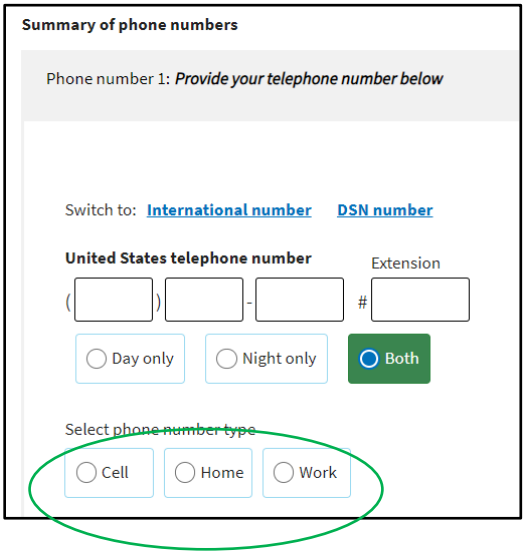
- Select "Yes" if you have used another name. This could be due to marriage, divorce, adoption, legal change, or nickname.
    - If you select "Yes," provide the appropriate information and a reason for the name change (e.g., nickname).
    - For other names used, this information must correspond with what you provided on your OF-306.
    - You are required to enter any other first names used along with your last name.



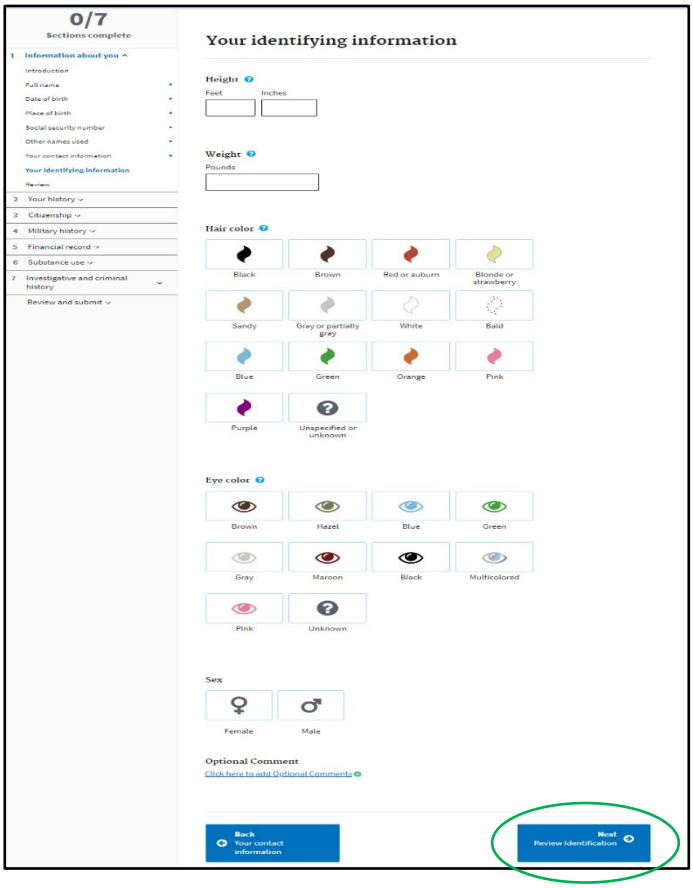


- Provide a valid email address and phone number.
- Select a phone number type; otherwise, the form will display an error and allow you to submit it at the end.



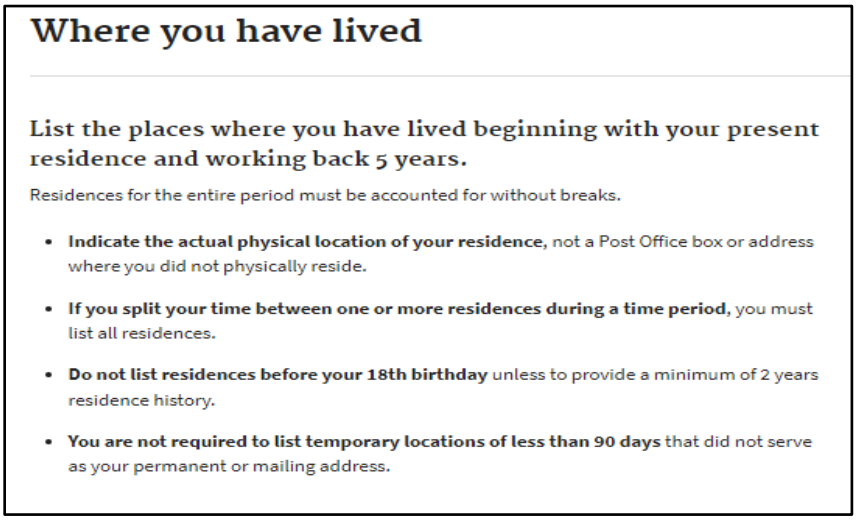


- After you complete this section, click “Review Identifying Information.” Verify that the information you provided is correct and click “Next.”



Section 2: Your history

Where you lived



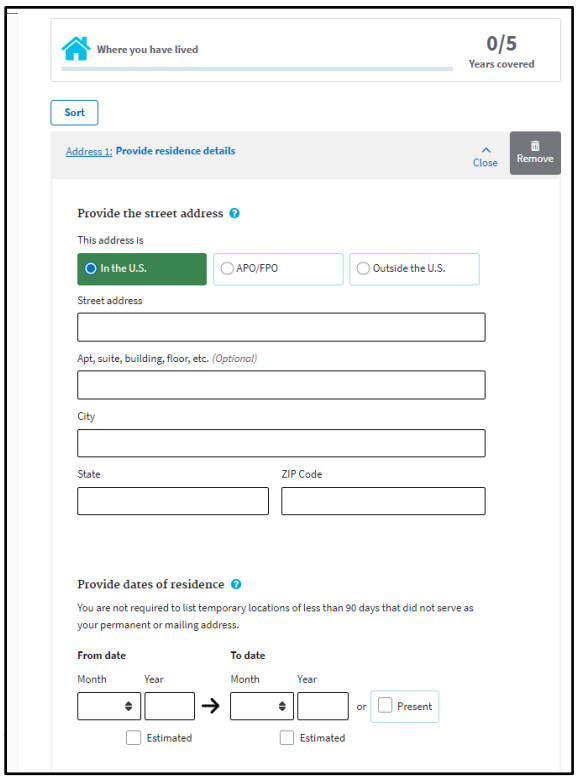
Where you have lived

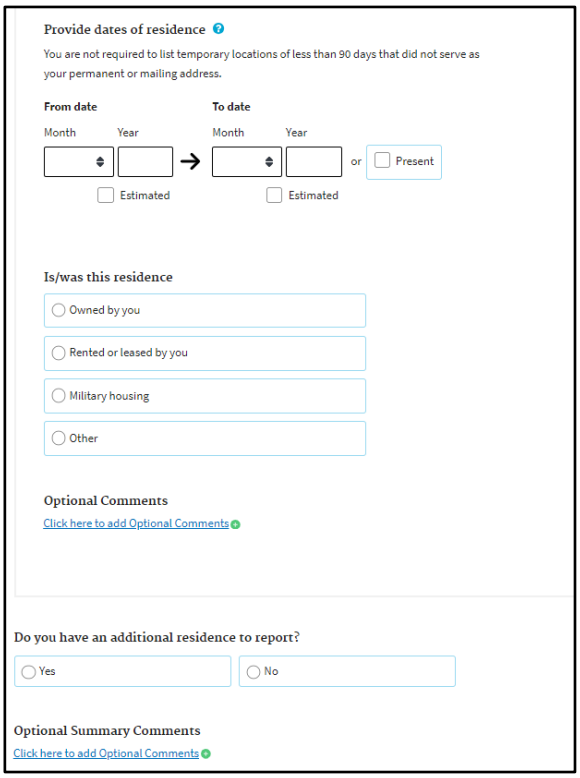
List the places where you have lived beginning with your present residence and working back 5 years.

Residences for the entire period must be accounted for without breaks.

- **Indicate the actual physical location of your residence,** not a Post Office box or address where you did not physically reside.
- **If you split your time between one or more residences during a time period,** you must list all residences.
- **Do not list residences before your 18th birthday** unless to provide a minimum of 2 years residence history.
- **You are not required to list temporary locations of less than 90 days** that did not serve as your permanent or mailing address.

- This section requests contact information for someone who can verify where you lived for the last 3 years (full name, physical address, and phone number).
    - You cannot use a relative, spouse, or cohabitant.
    - You can use a friend, neighbor, landlord, or colleague.
- If you have multiple addresses in different states; only enter where you are physically located. You may need to create two separate entries for the same address, so that they don't overlap. (If your residences do overlap, add an optional comment explaining why.)
- Ensure that your residency dates and locations match your employment dates and locations.

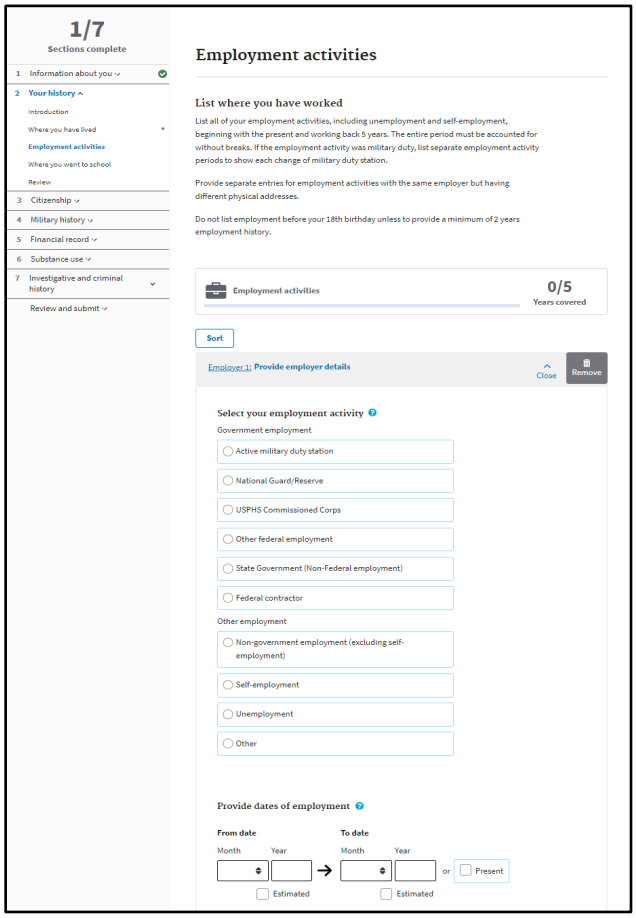


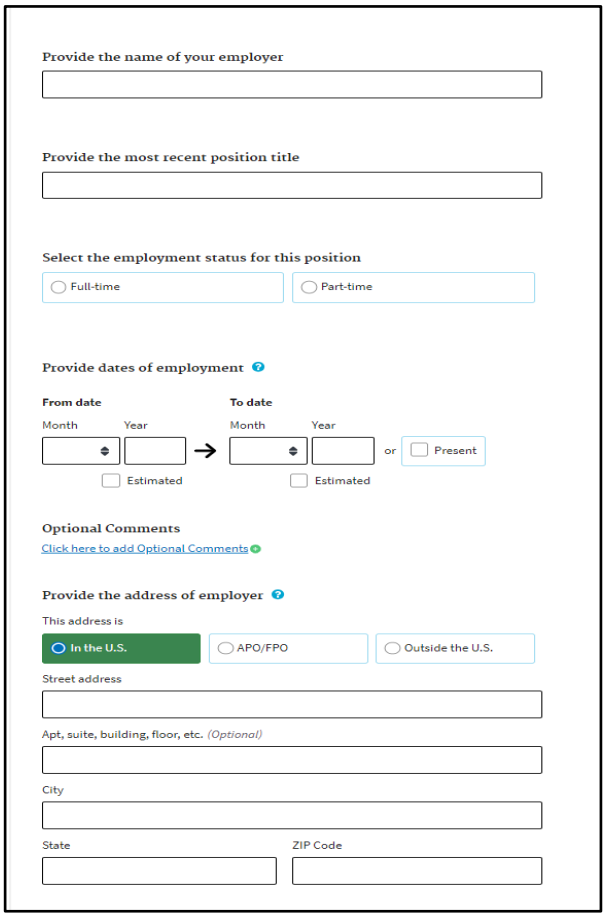


Employment Activities

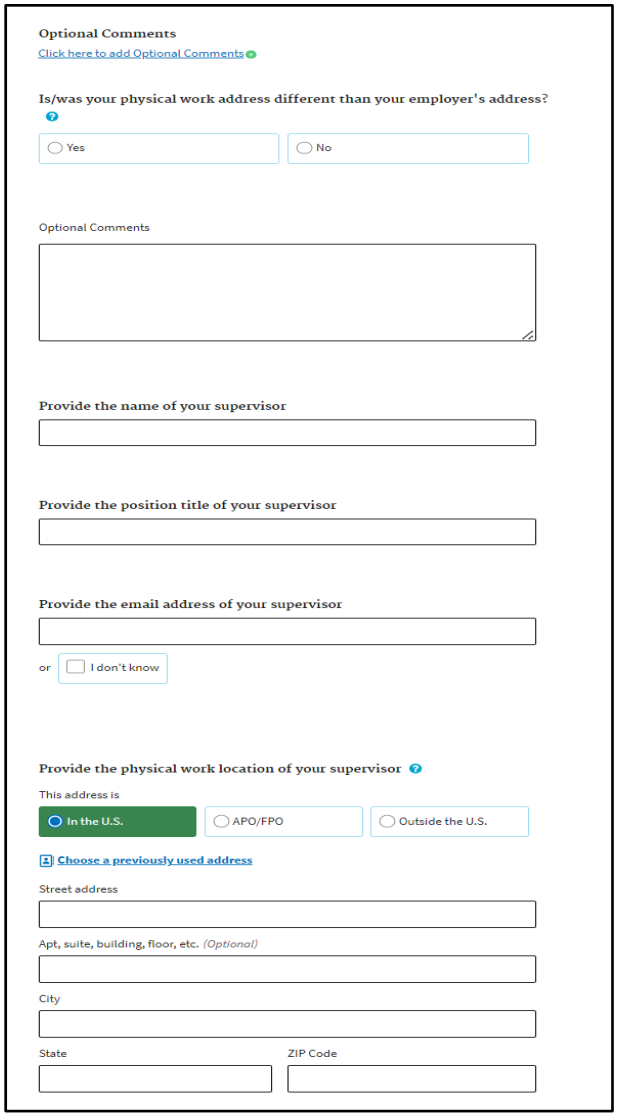
Be aware of common errors made in this section:

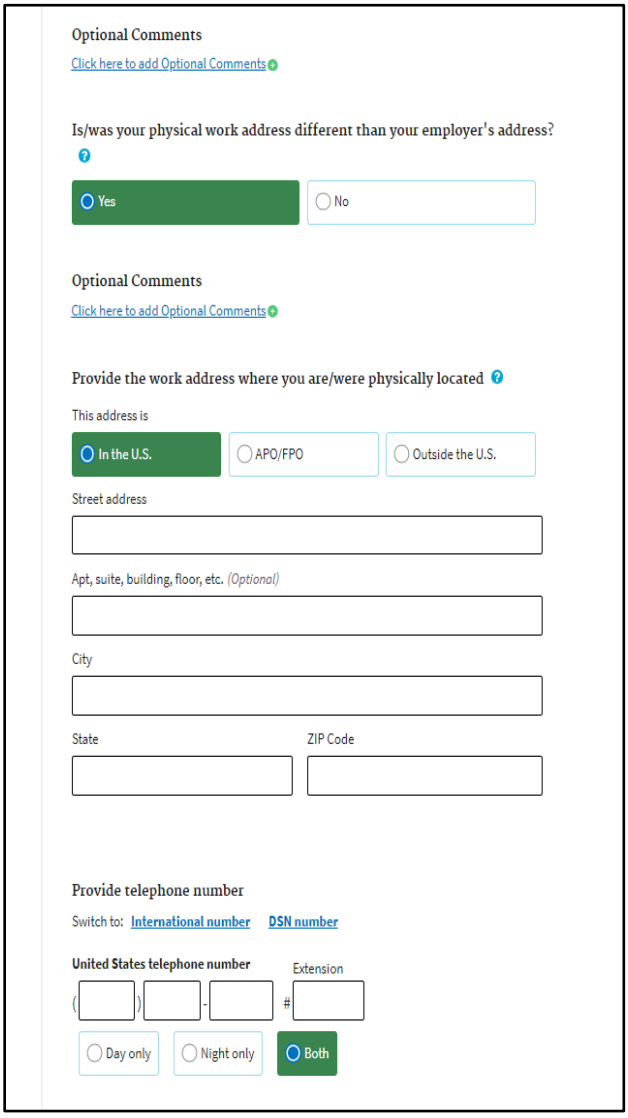
- Avoid using abbreviations for company names or titles.
    - Spell out everything (e.g., instead of using “VP” for a position title, spell out “Vice President”).
    - Do not use dual titles such as “Owner/Manager.”
- Enter a full physical address.
- Provide the full first and full last name of your supervisor(s).
- Ensure that the dates and location of your employment correspond with the dates and location of your residence during the specified period.





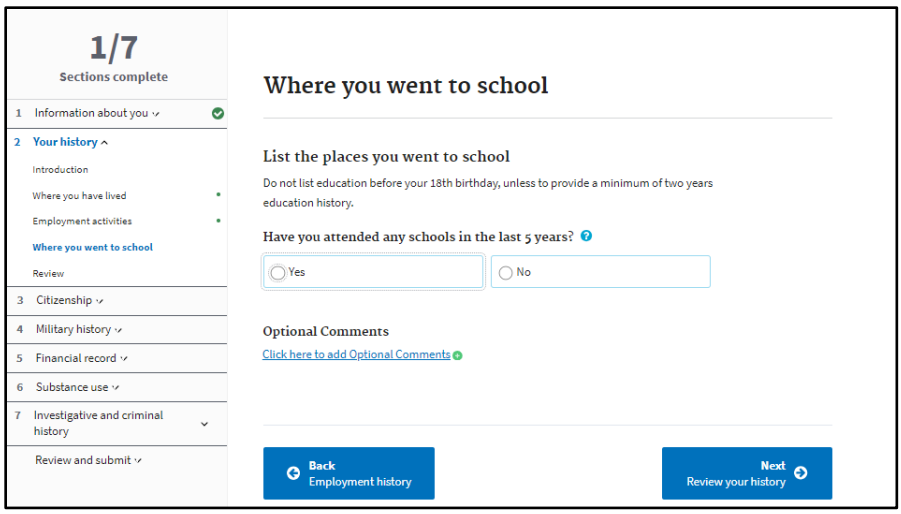
- If you work remotely, select “Yes” for the question, “Is/was your physical address different from your employer's address?” and provide your home address as your physical address.
- If you travel to different job locations on a daily basis, select “No” for the question, “Is/was your physical address different than your employer’s address?”

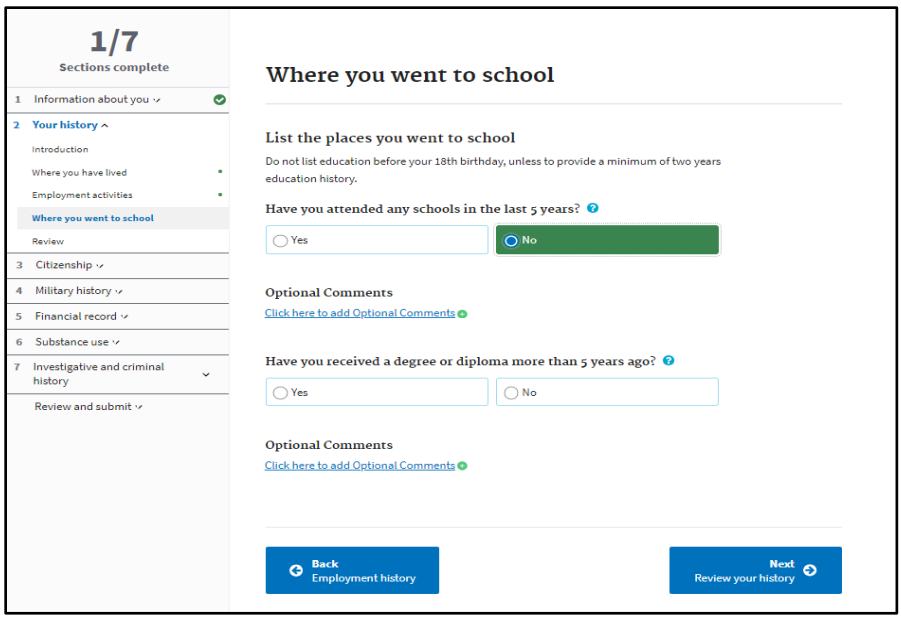




School

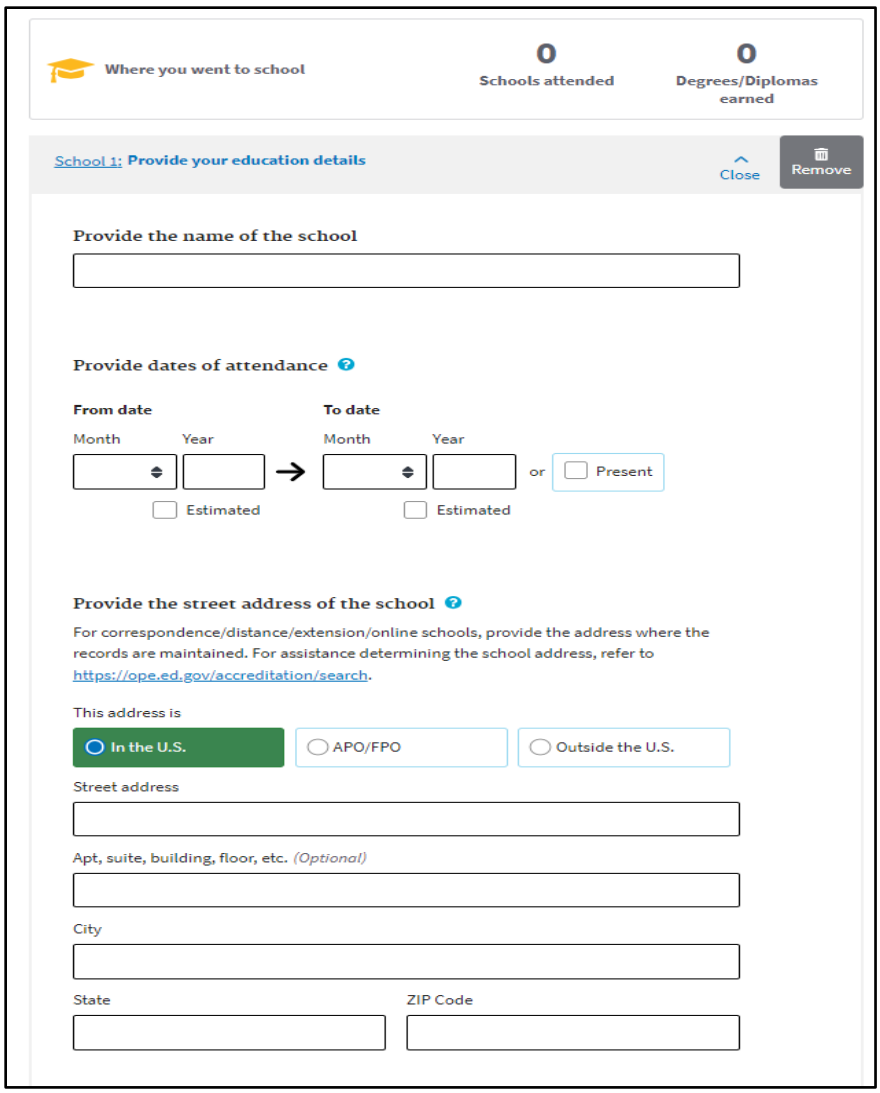
- If you have not attended school in the last 5 years, select "No."
- For the following question, provide the degree and/or diploma you received more than 5 years ago.

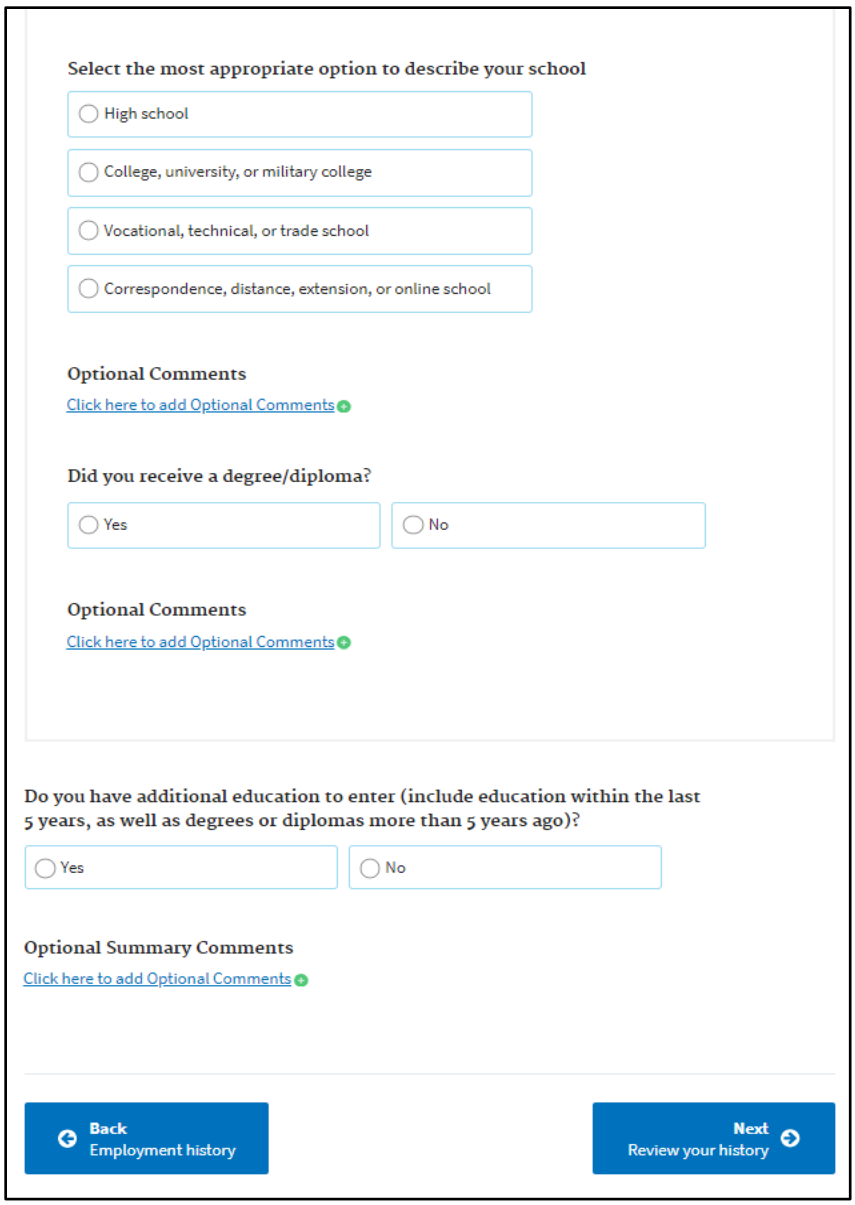




- Enter the physical address for the school you attended more than 5 years ago. (DOE will not accept a P.O. box or mailstop.)

Do **not** list any "1 University" addresses. Instead use the DAPIP site to get the address that DOE will accept (see https://ope.ed.gov/dapip/#/home).


Where you went to school
0
Schools attended
0
Degrees/Diplomas earned
School 1: Provide your education details
Close
Remove
Provide the name of the school
Provide dates of attendance
From date
To date
Month
Year
Month
Year
or
Present
Estimated
Estimated
Provide the street address of the school
For correspondence/distance/extension/online schools, provide the address where the records are maintained. For assistance determining the school address, refer to https://ope.ed.gov/accreditation/search.
This address is
In the U.S.
APO/FPO
Outside the U.S.
Street address
Apt, suite, building, floor, etc. (Optional)
City
State
ZIP Code


Select the most appropriate option to describe your school
High school
College, university, or military college
Vocational, technical, or trade school
Correspondence, distance, extension, or online school
Optional Comments
Click here to add Optional Comments
Did you receive a degree/diploma?
Yes
No
Optional Comments
Click here to add Optional Comments
Do you have additional education to enter (include education within the last 5 years, as well as degrees or diplomas more than 5 years ago)?
Yes
No
Optional Summary Comments
Click here to add Optional Comments
Back
Employment history
Next
Review your history

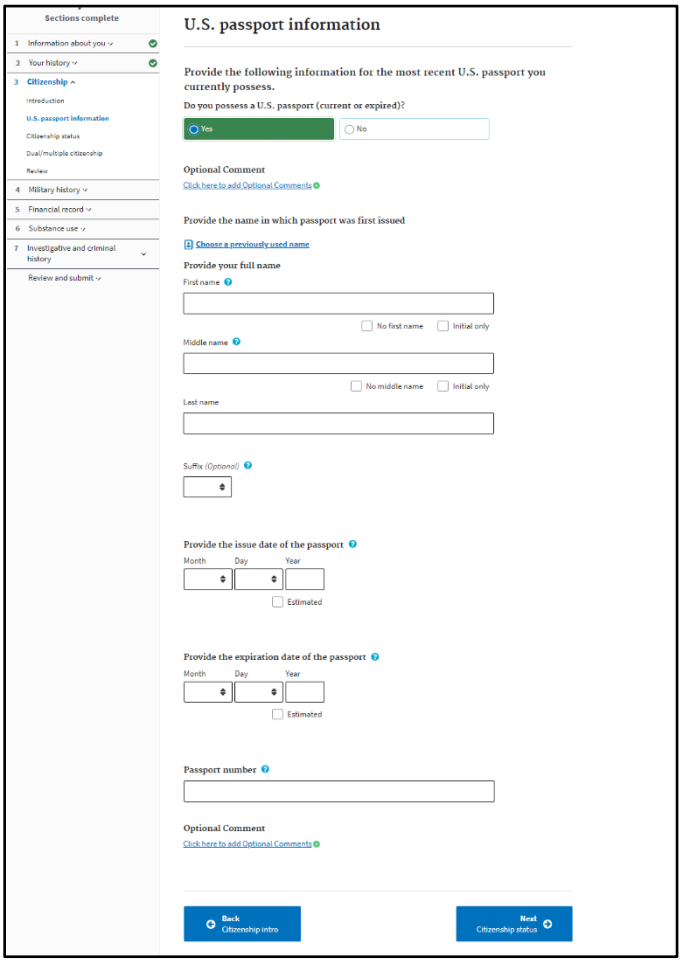
Section 3: Citizenship

Passport

- Provide your passport information, if applicable.

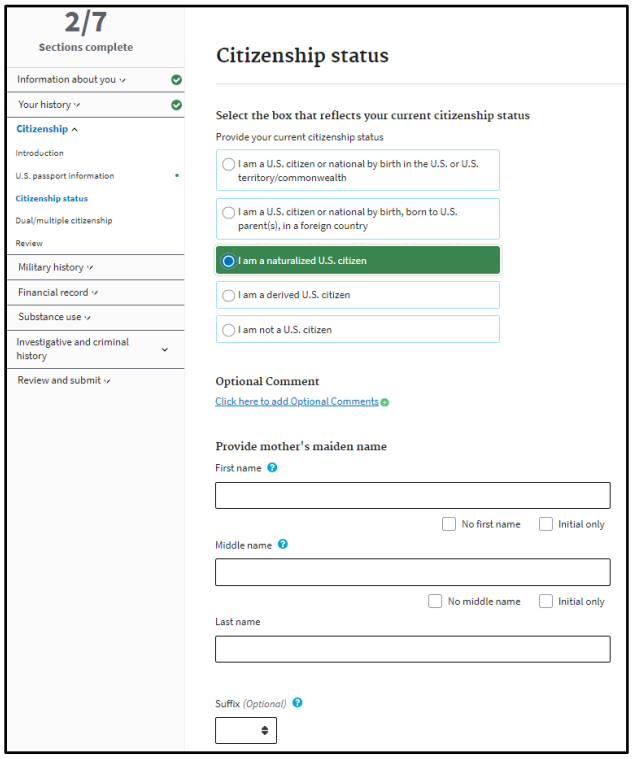


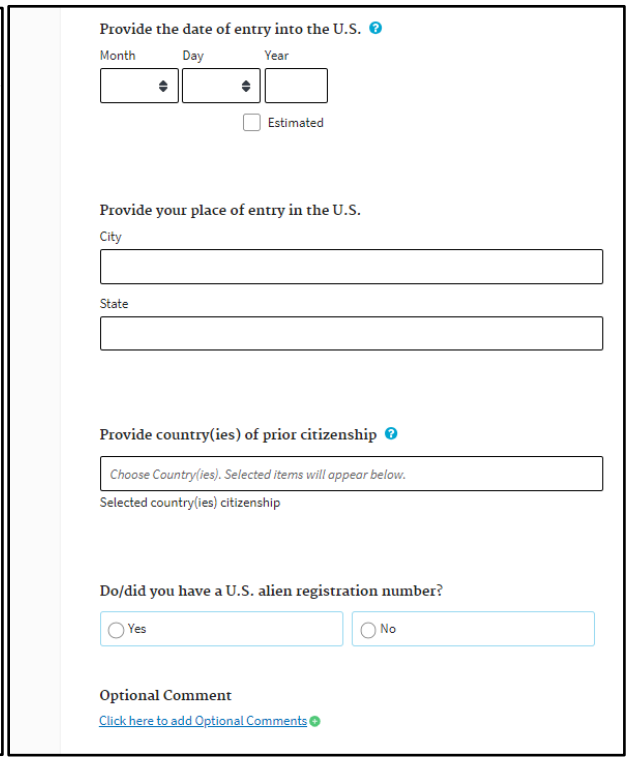
- If you select "Yes," provide the following information.

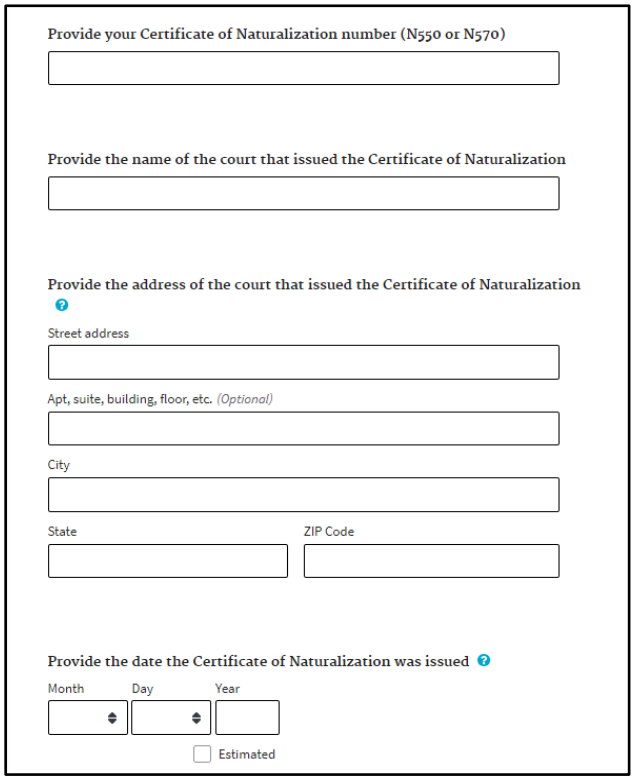


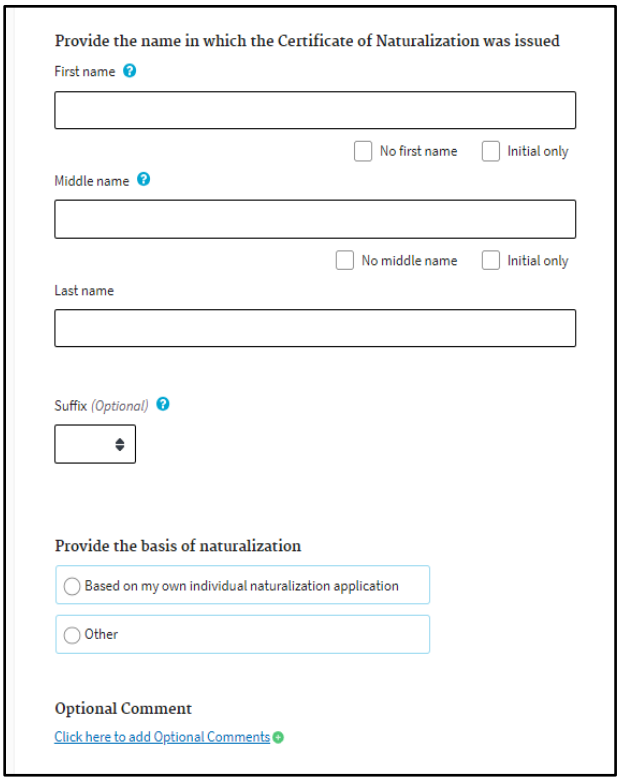
Status

- If you are a naturalized citizen, you will need to provide the type of documentation for a U.S. citizen born abroad (e.g., FS 240, DS 1350, FS 545).



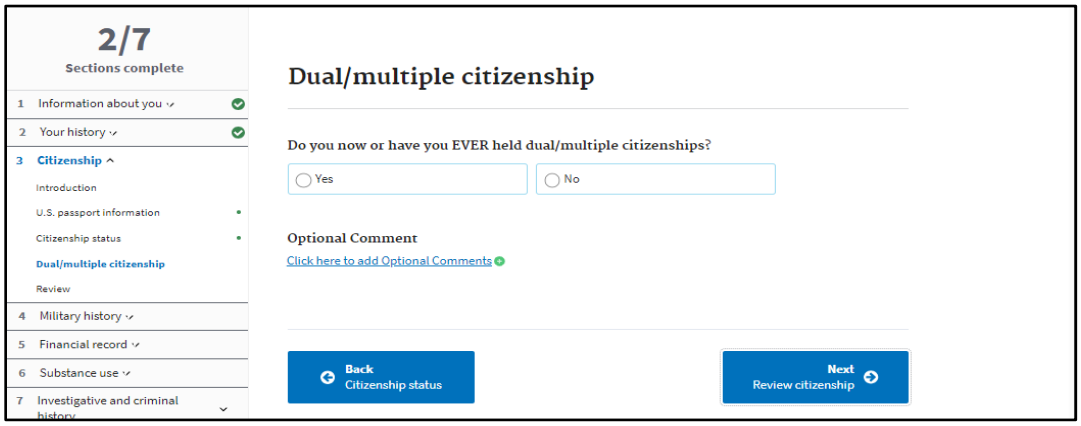




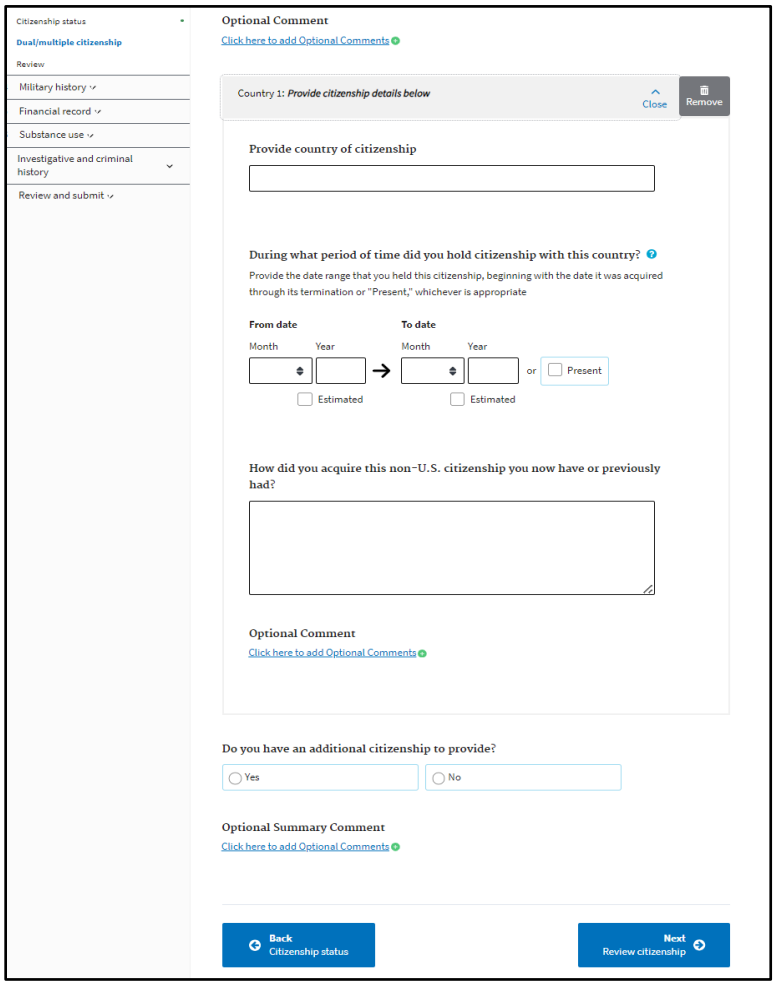


Dual/Multiple citizenship

- If you are currently a citizen of another country, provide the dates of your citizenship and the reason for your citizenship there (e.g., born there, residency).



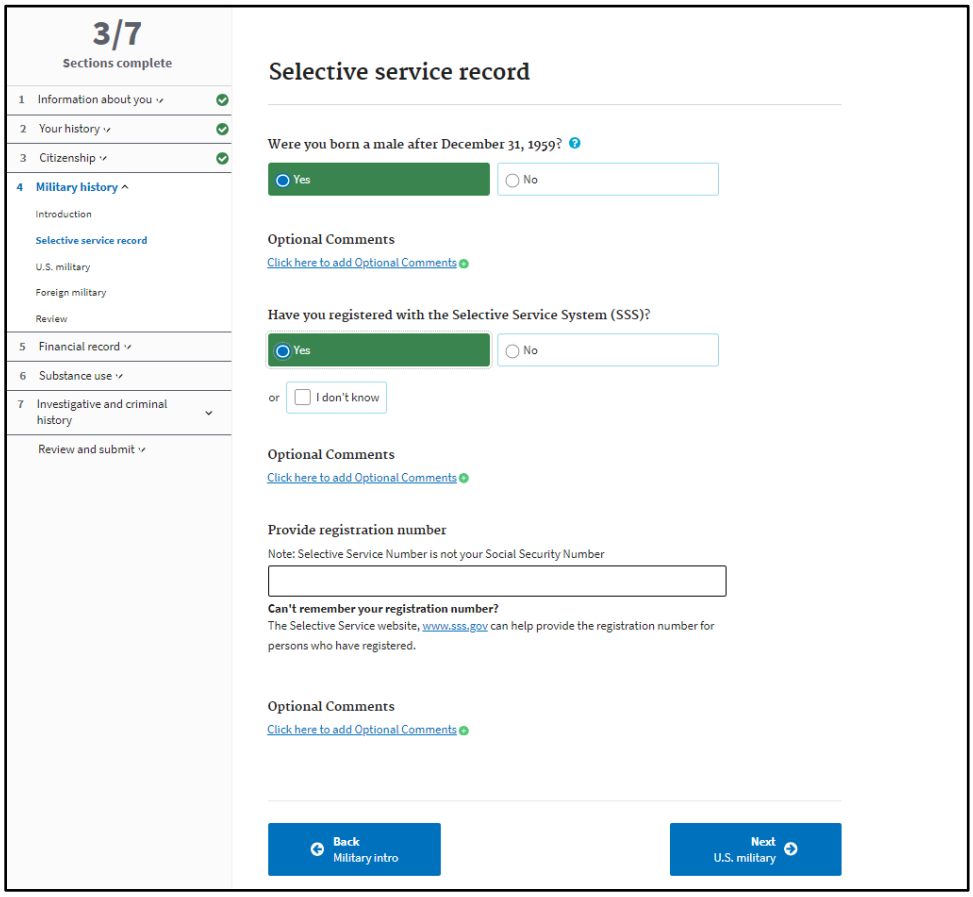
- If you select "Yes," provide the following information.



Section 4: Military history

Selective Service

- If you're uncertain whether you registered for Selective Service, you can verify your status at www.sss.gov. (Verify before selecting, "I don't know.")

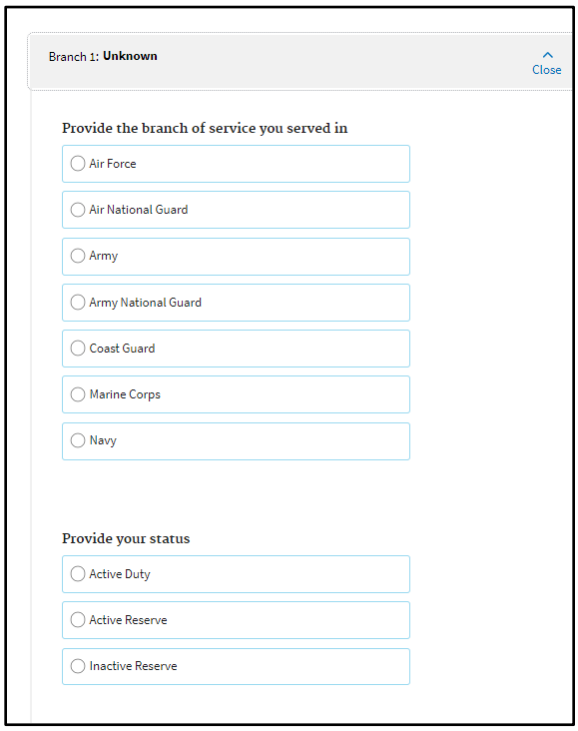


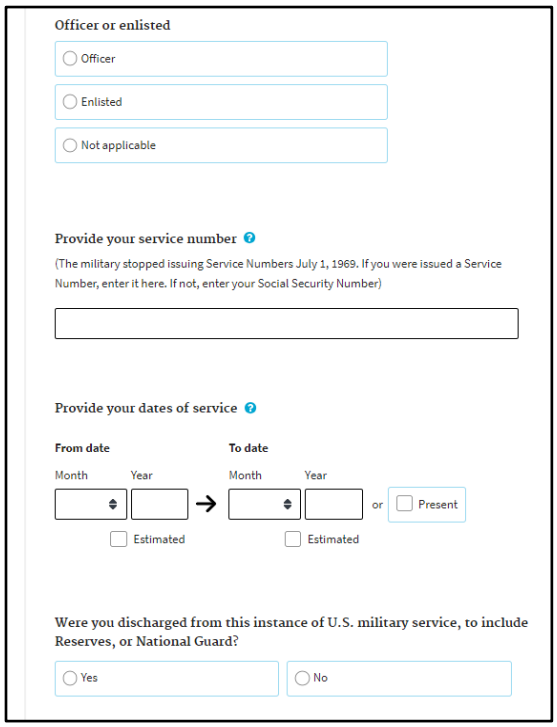
Military Service

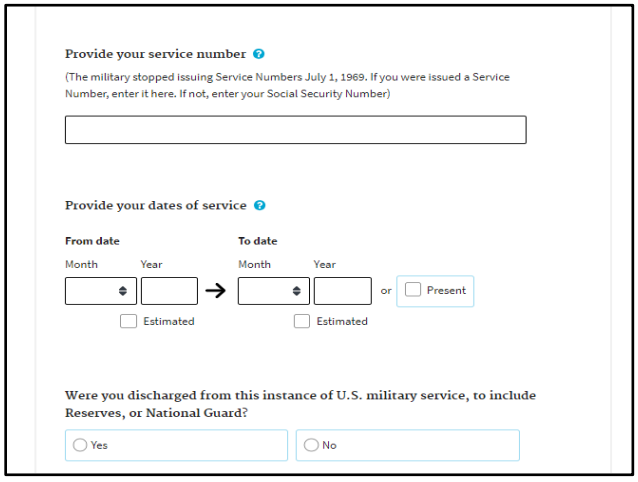
- If you select "Yes," you will need to provide the dates of your service. Ensure these dates align with the information on the OF-306, *Declaration for Federal Employment,* which you will be submitting as part of this process.

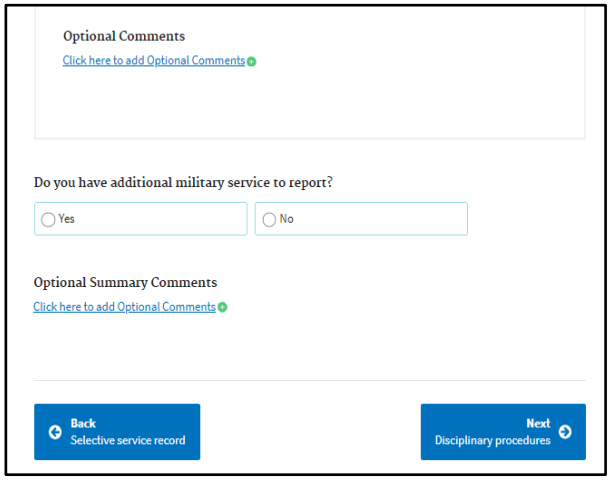


- If you select “Yes,” provide the following information.



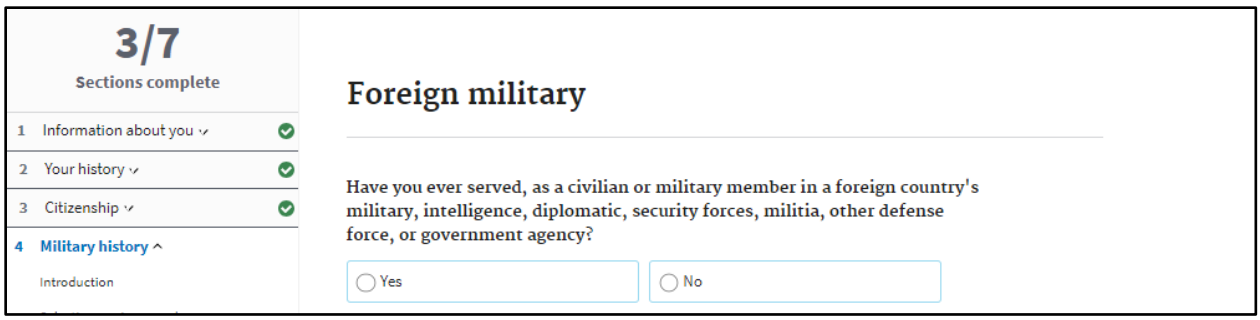




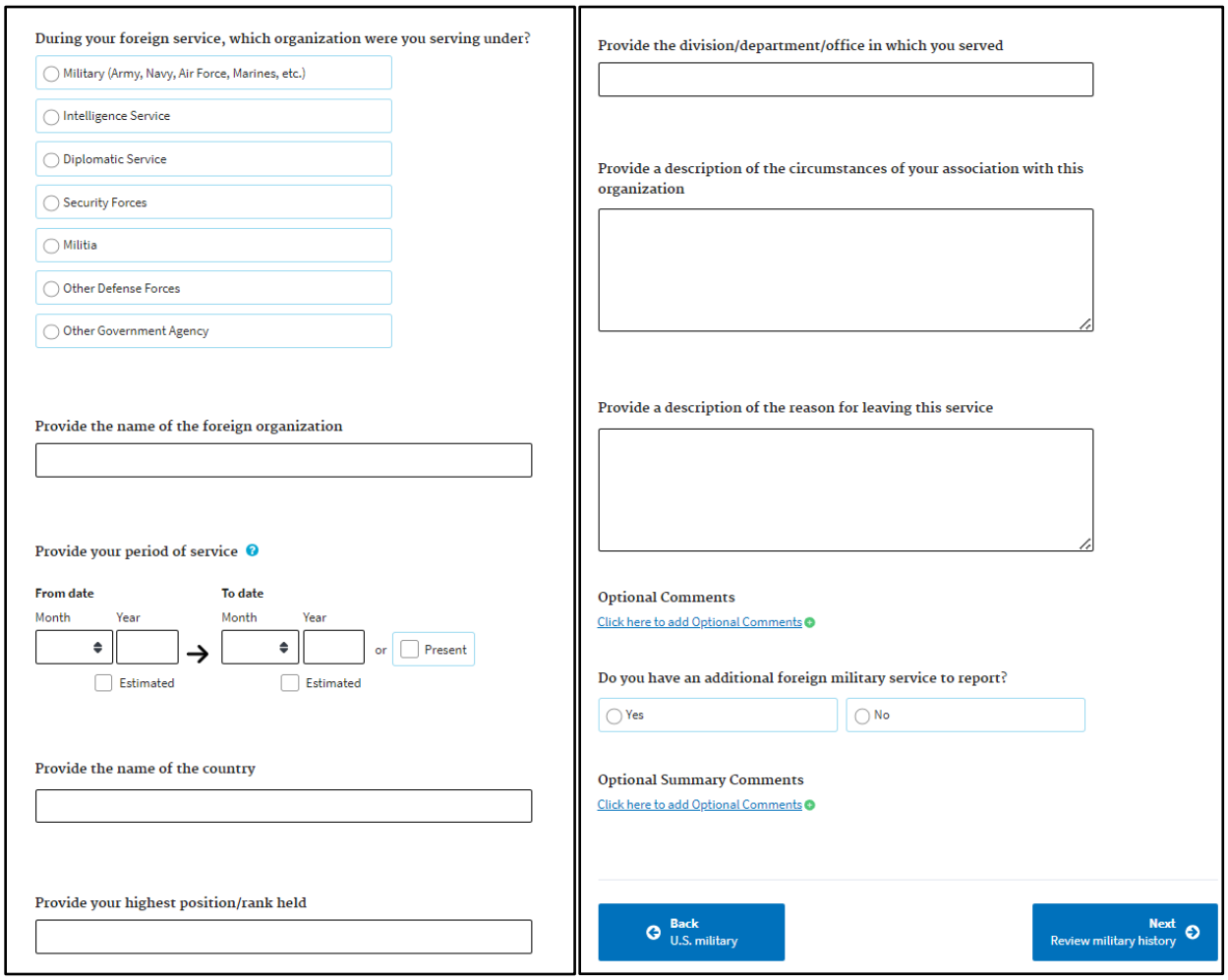


Foreign Military

- If you select “Yes,” you will need to provide the dates of your service. Ensure these dates align with the information on the OF-306, *Declaration for Federal Employment*, which you will be submitting as part of this process.



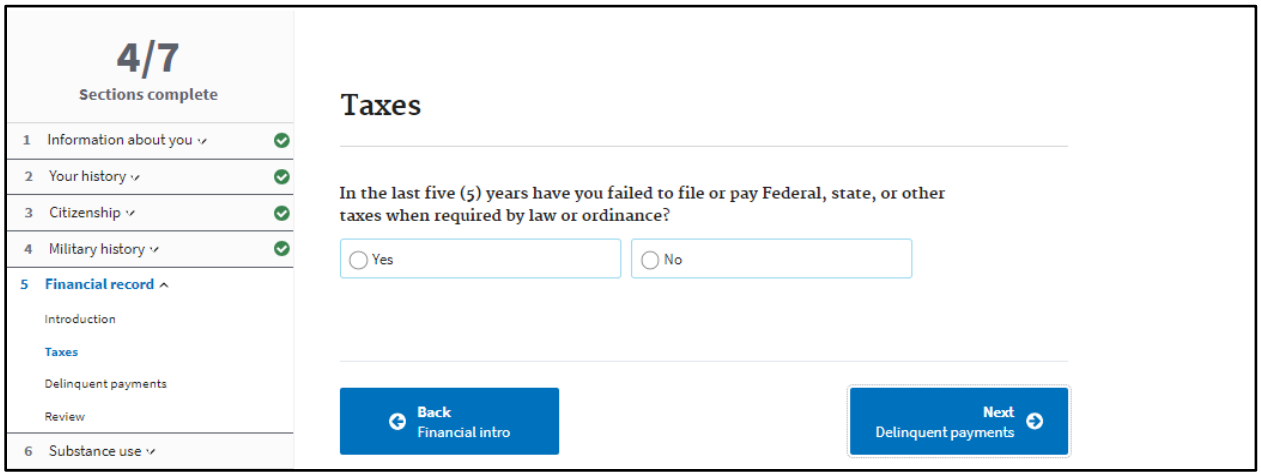
- If you select "Yes," provide the following information.



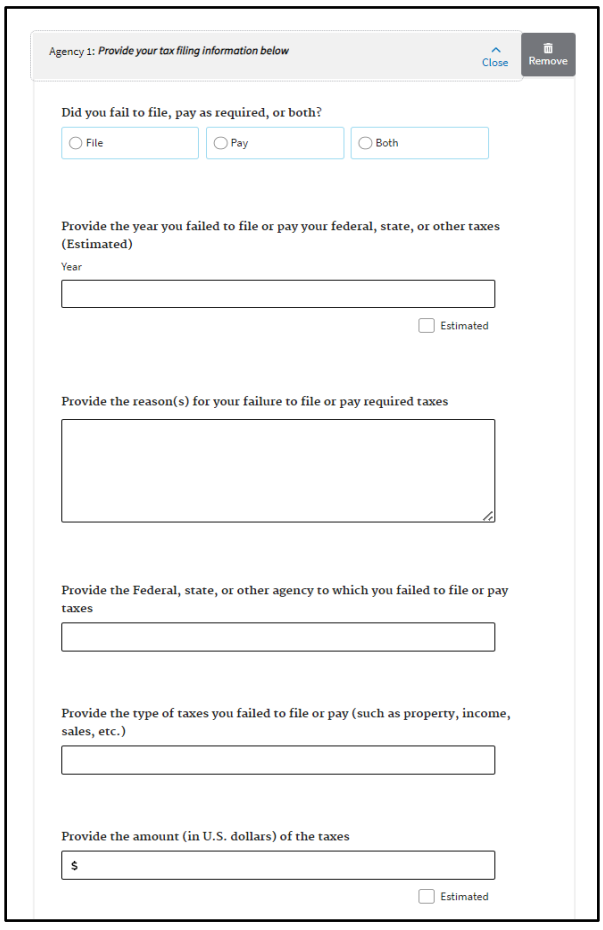
Section 5: Financial record

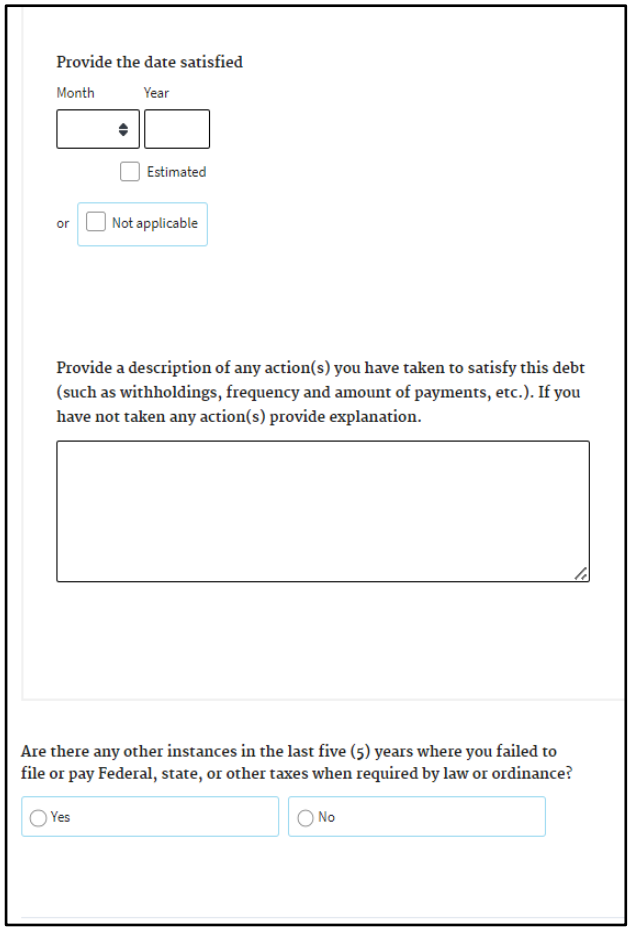
Taxes

- Ensure that the information you provide matches the information on your OF-306 *Declaration for Federal Employment*.

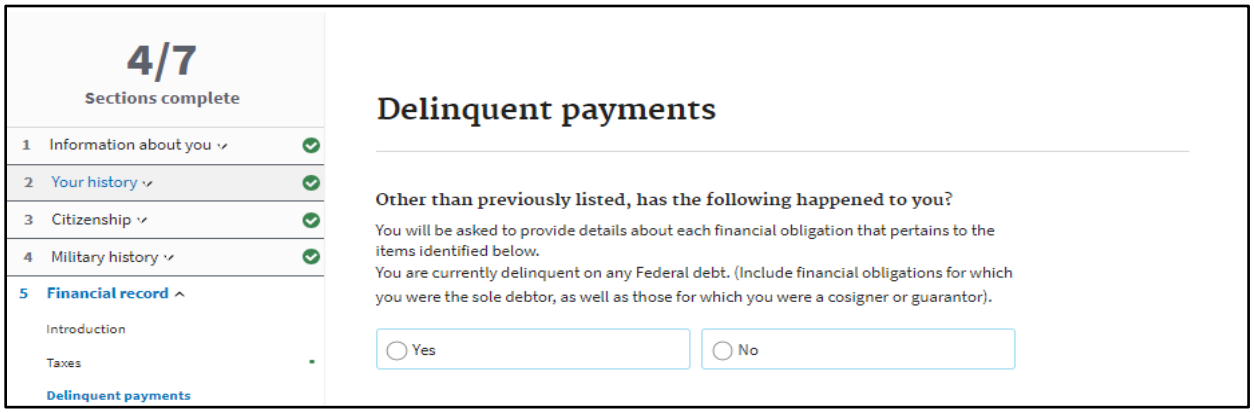


- If you select "Yes," provide the following information.

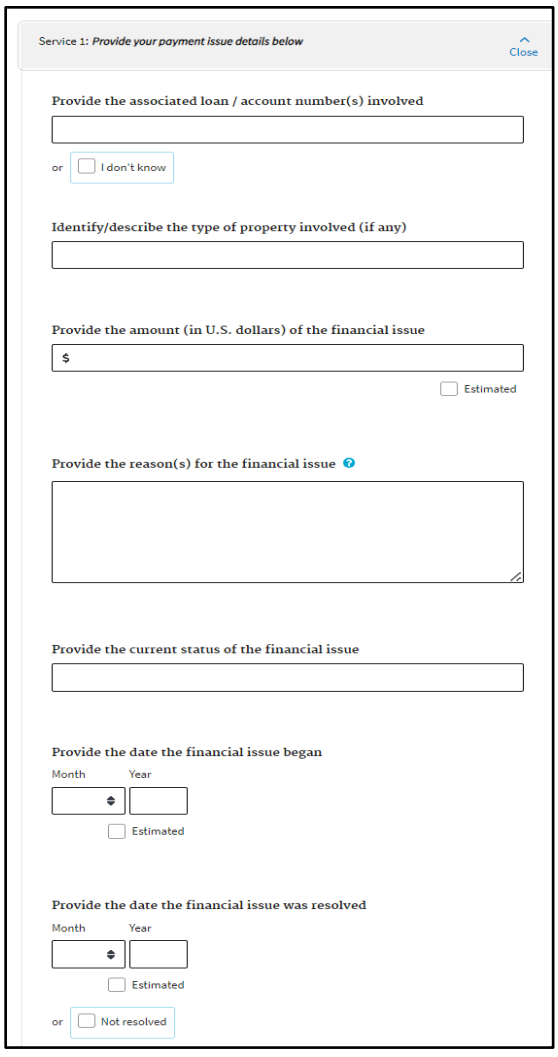


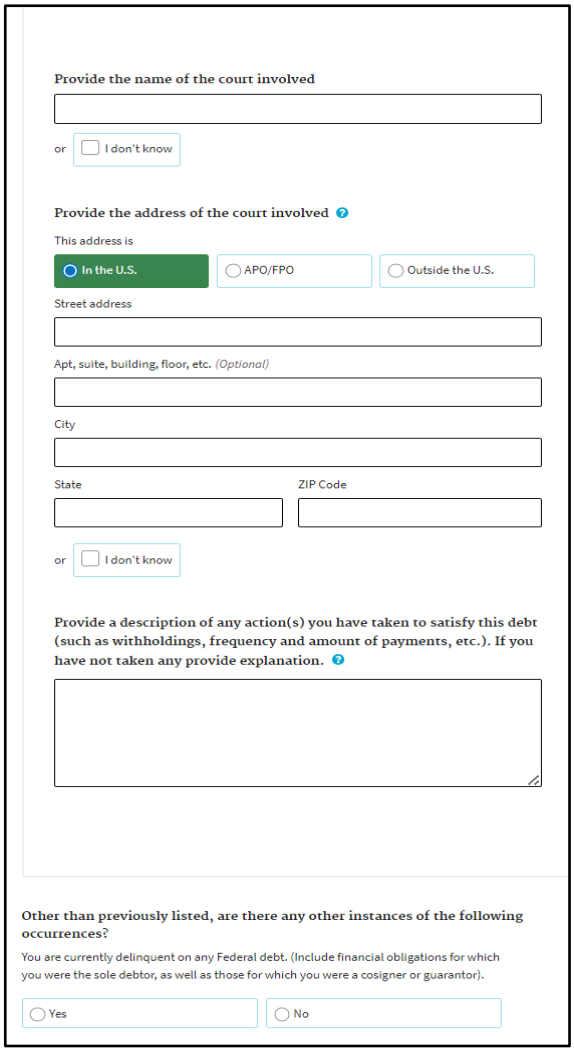


Delinquent Payments



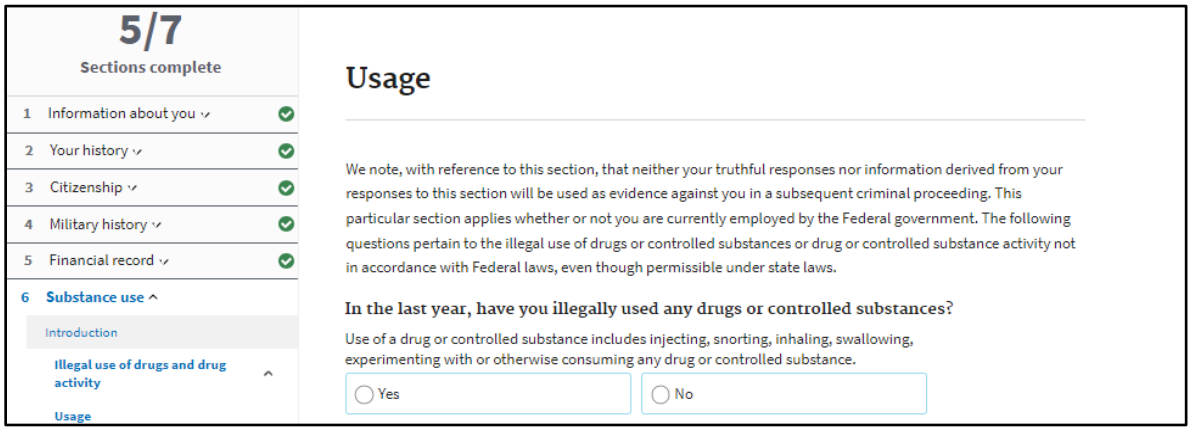
- If you select "Yes," provide the following information.



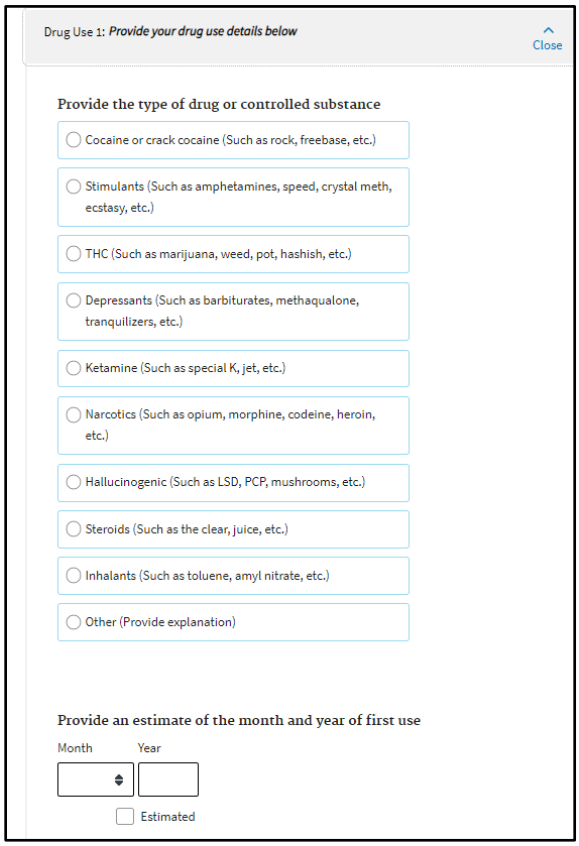


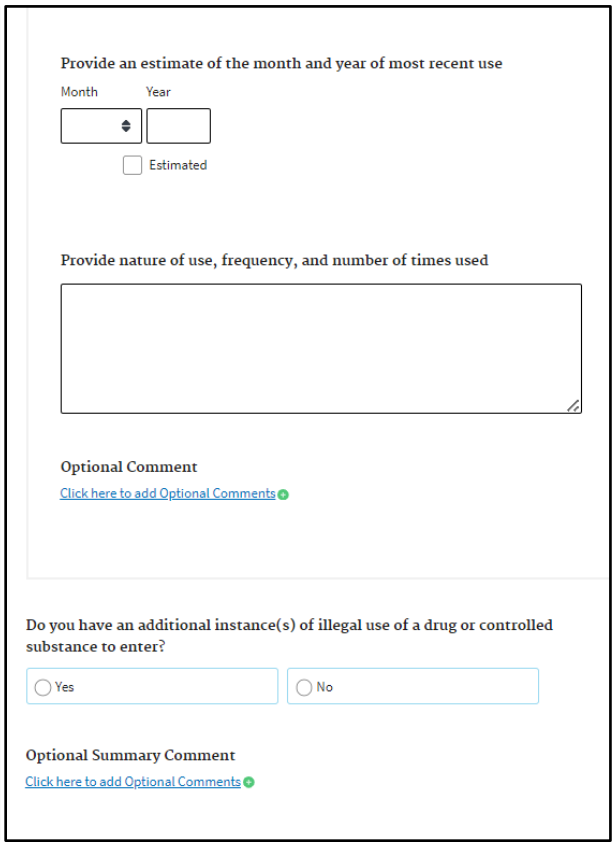
Section 6: Substance abuse

Usage

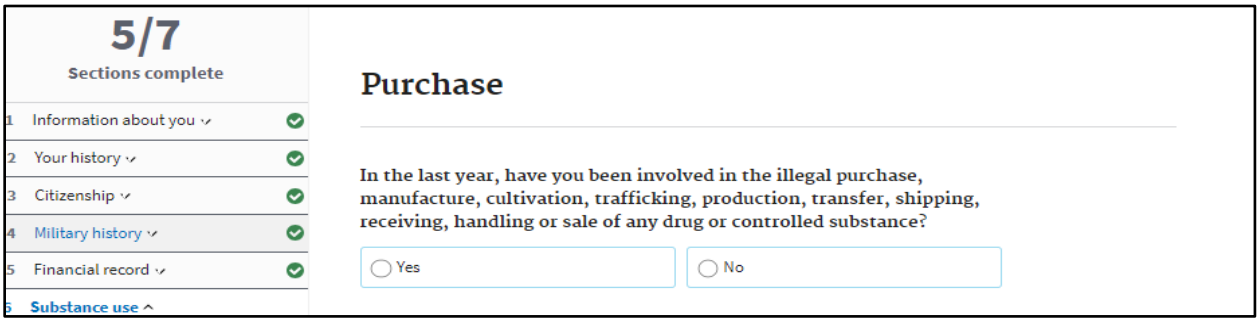


- If you select "Yes," provide the following information.

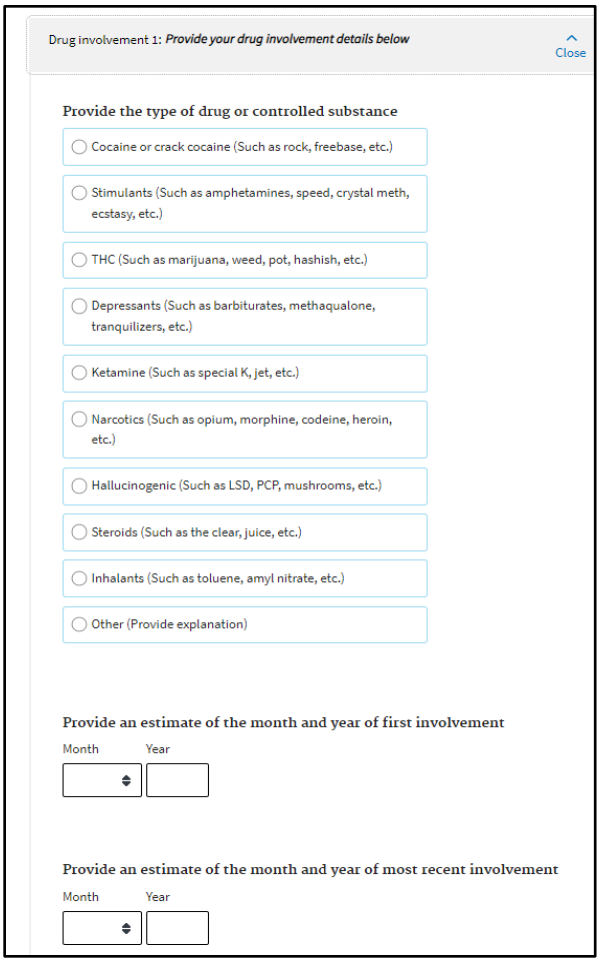


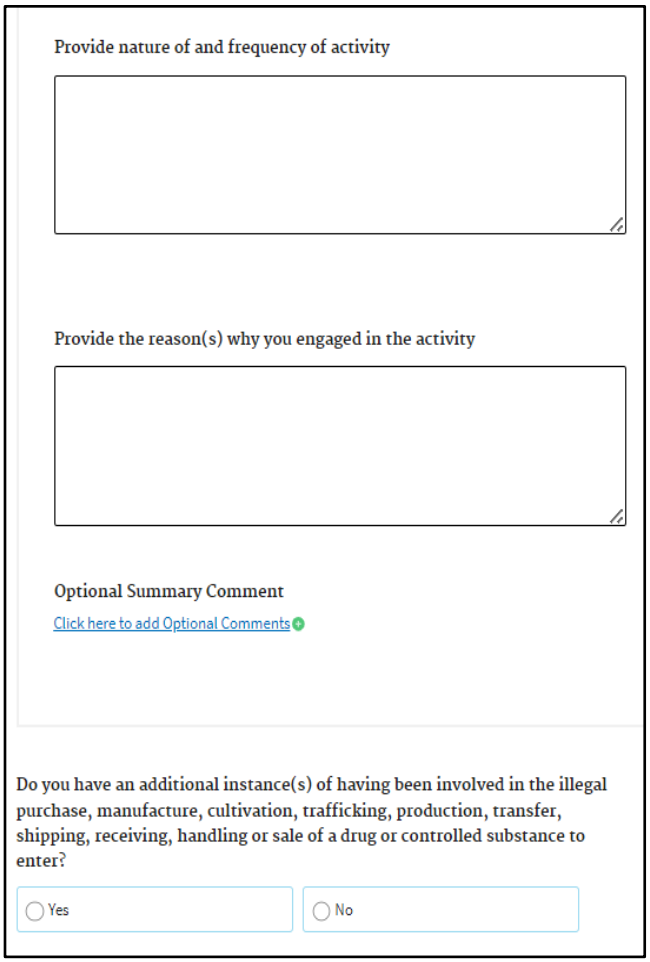


Purchase

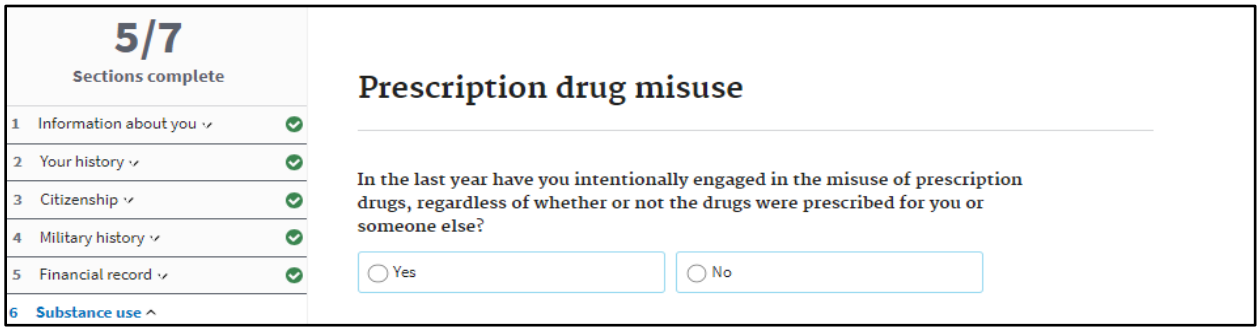


- If you select "Yes," provide the following information.

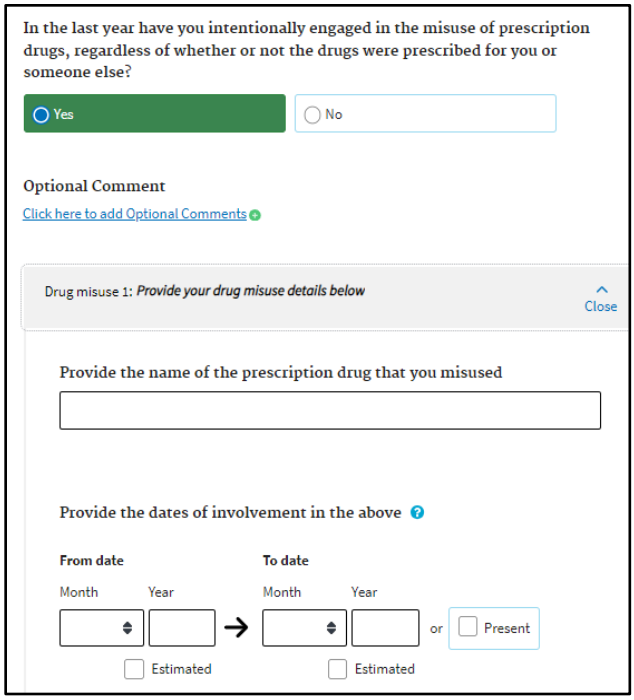


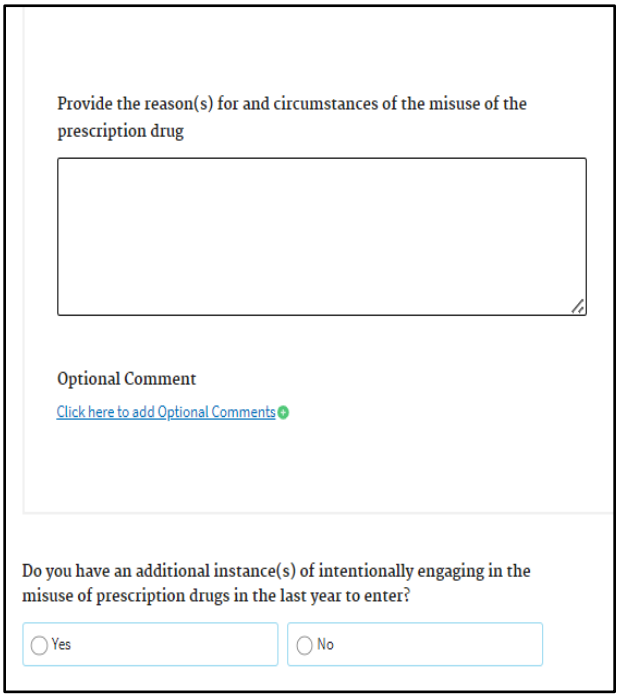


Prescription drug misuse



- If you select "Yes," provide the following information.

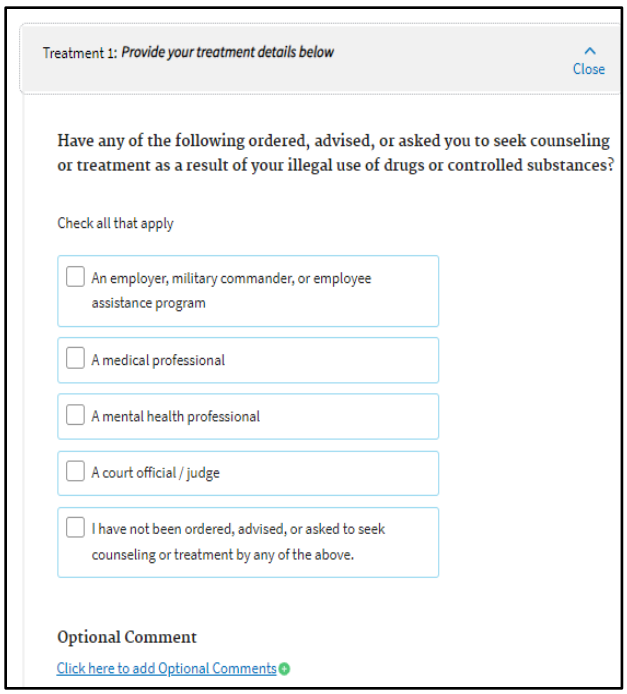


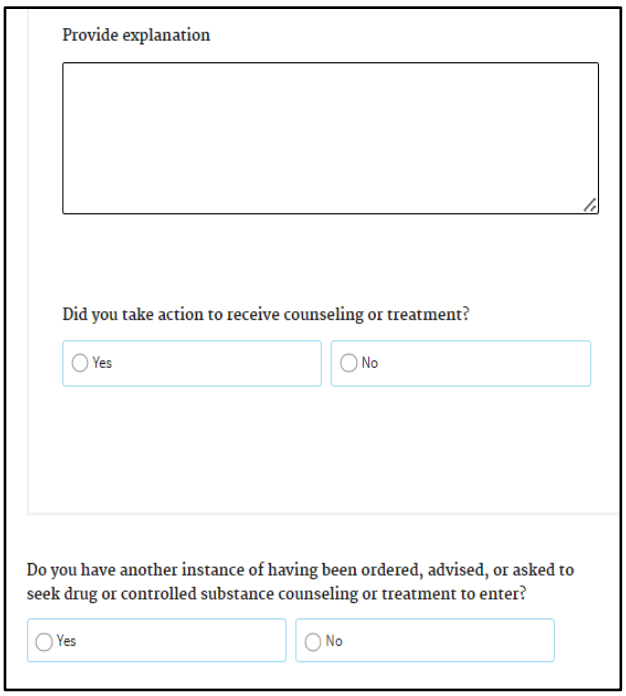


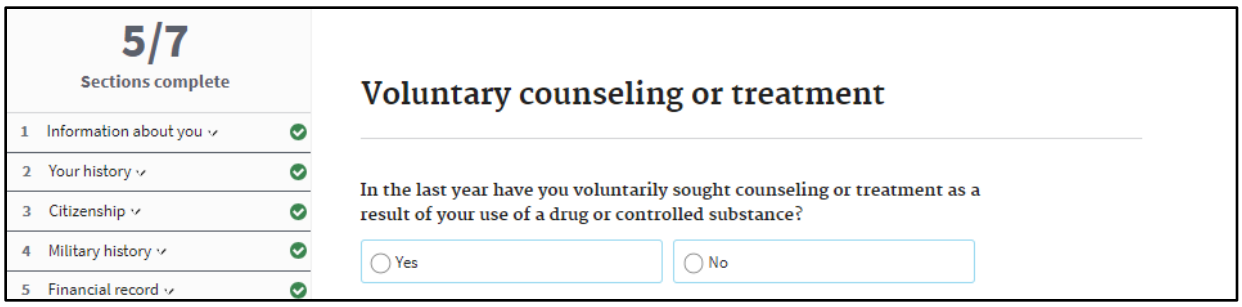
Mandatory Counseling



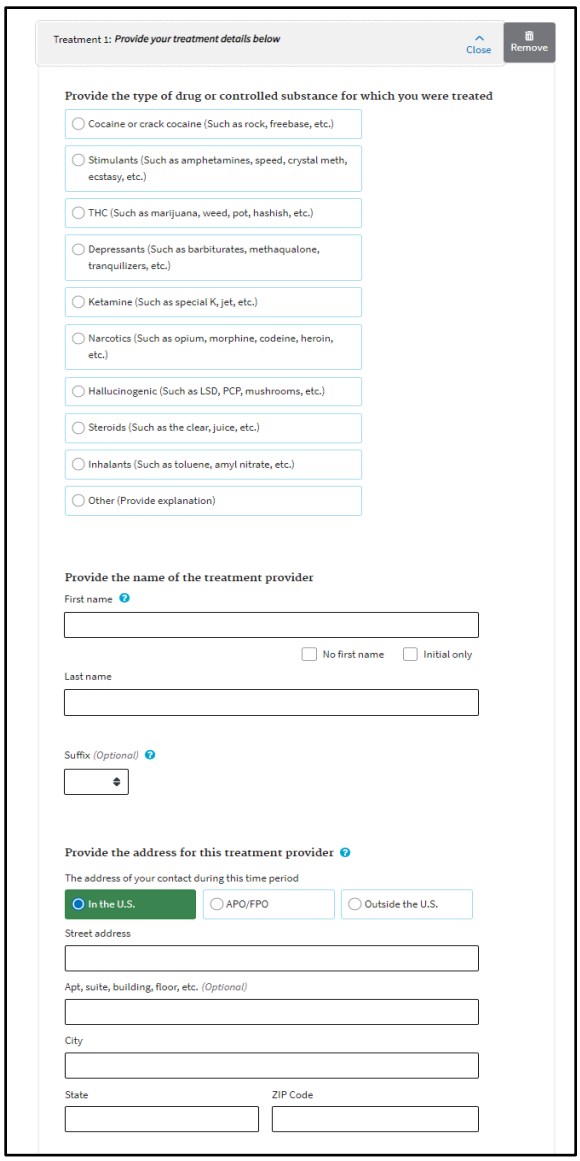
- If you select "Yes," provide the following information.

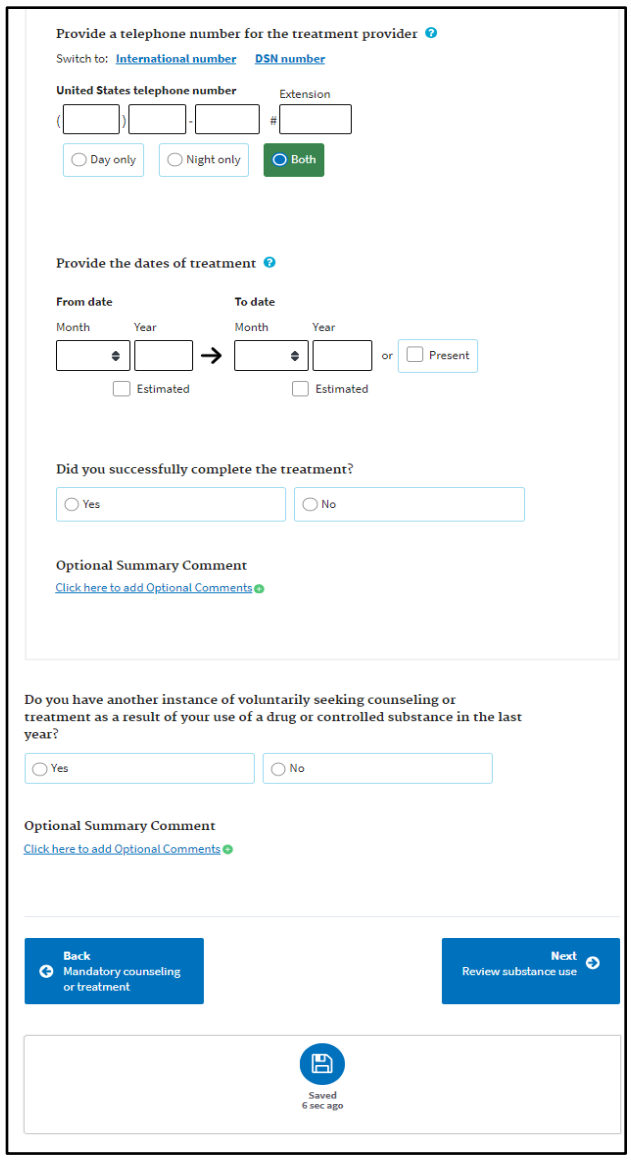






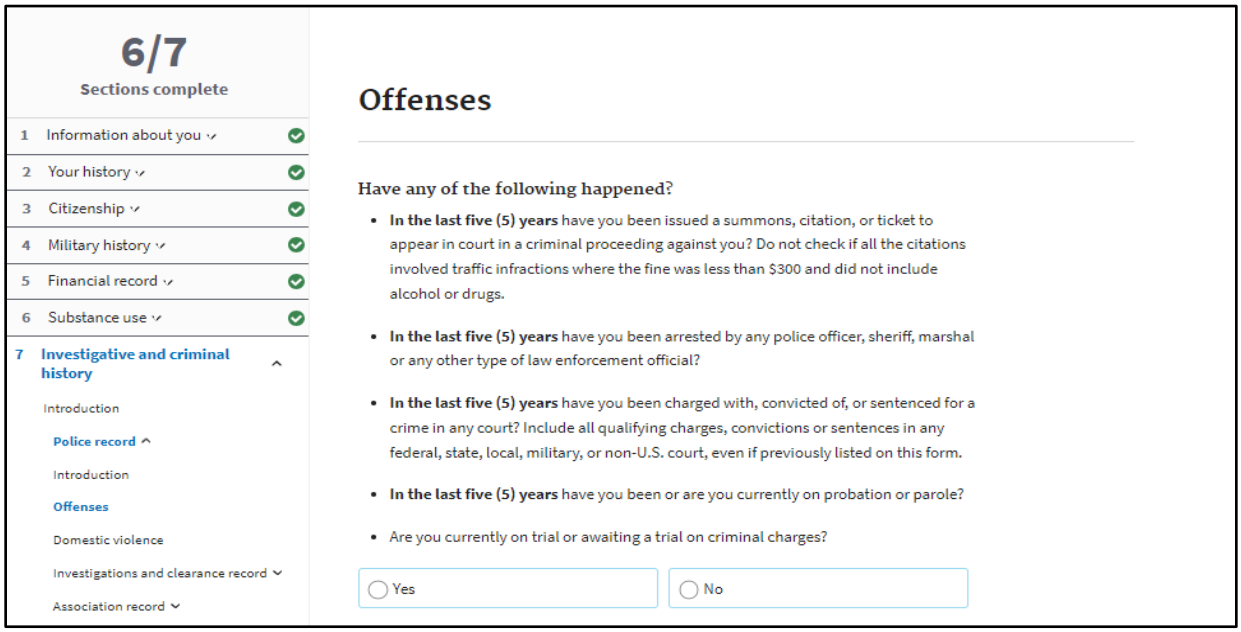
- If you select "Yes," provide the following information.


Treatment 1: Provide your treatment details below
Close
Remove
Provide the type of drug or controlled substance for which you were treated
Cocaine or crack cocaine (Such as rock, freebase, etc.)
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)
Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
Ketamine (Such as special K, jet, etc.)
Narcotics (Such as opium, morphine, codeine, heroin, etc.)
Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
Steroids (Such as the clear, juice, etc.)
Inhalants (Such as toluene, amyl nitrate, etc.)
Other (Provide explanation)
Provide the name of the treatment provider
First name
No first name
Initial only
Last name
Suffix (Optional)
Provide the address for this treatment provider
The address of your contact during this time period
In the U.S.
APO/FPO
Outside the U.S.
Street address
Apt, suite, building, floor, etc. (Optional)
City
State
ZIP Code

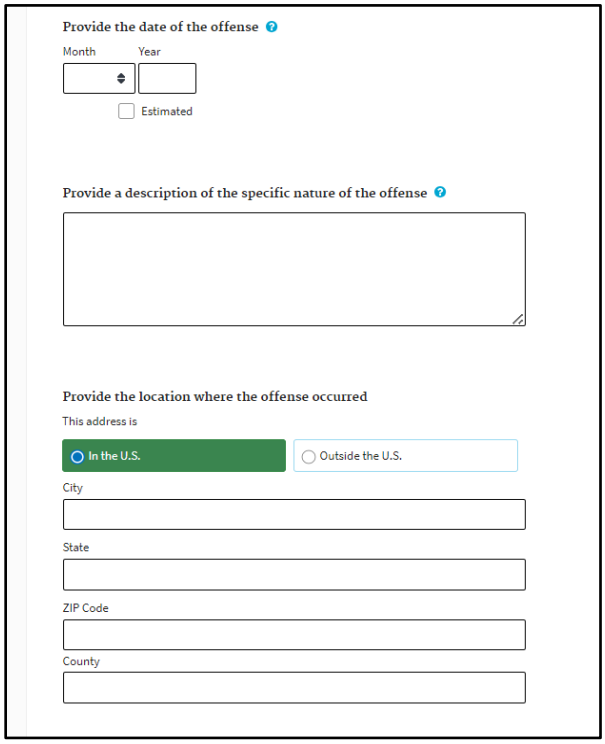

Provide a telephone number for the treatment provider
Switch to: International number DSN number
United States telephone number
Extension
Day only
Night only
Both
Provide the dates of treatment
From date
To date
Month
Year
Present
Estimated
Did you successfully complete the treatment?
Yes
No
Optional Summary Comment
Click here to add Optional Comments
Do you have another instance of voluntarily seeking counseling or treatment as a result of your use of a drug or controlled substance in the last year?
Yes
No
Optional Summary Comment
Click here to add Optional Comments
Back
Mandatory counseling or treatment
Next
Review substance use
Saved
6 sec ago

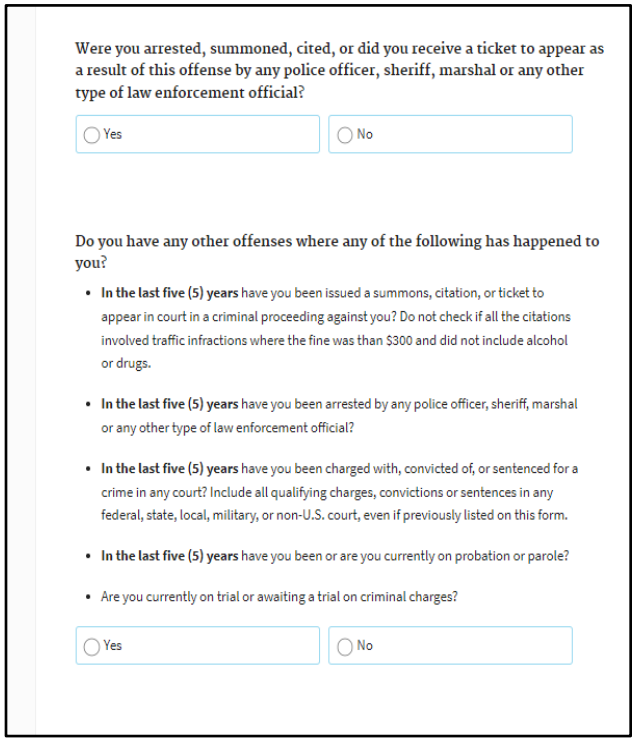
Section 7: Investigative and criminal history

Police Record/Offenses



- If you select "Yes," provide the following information.

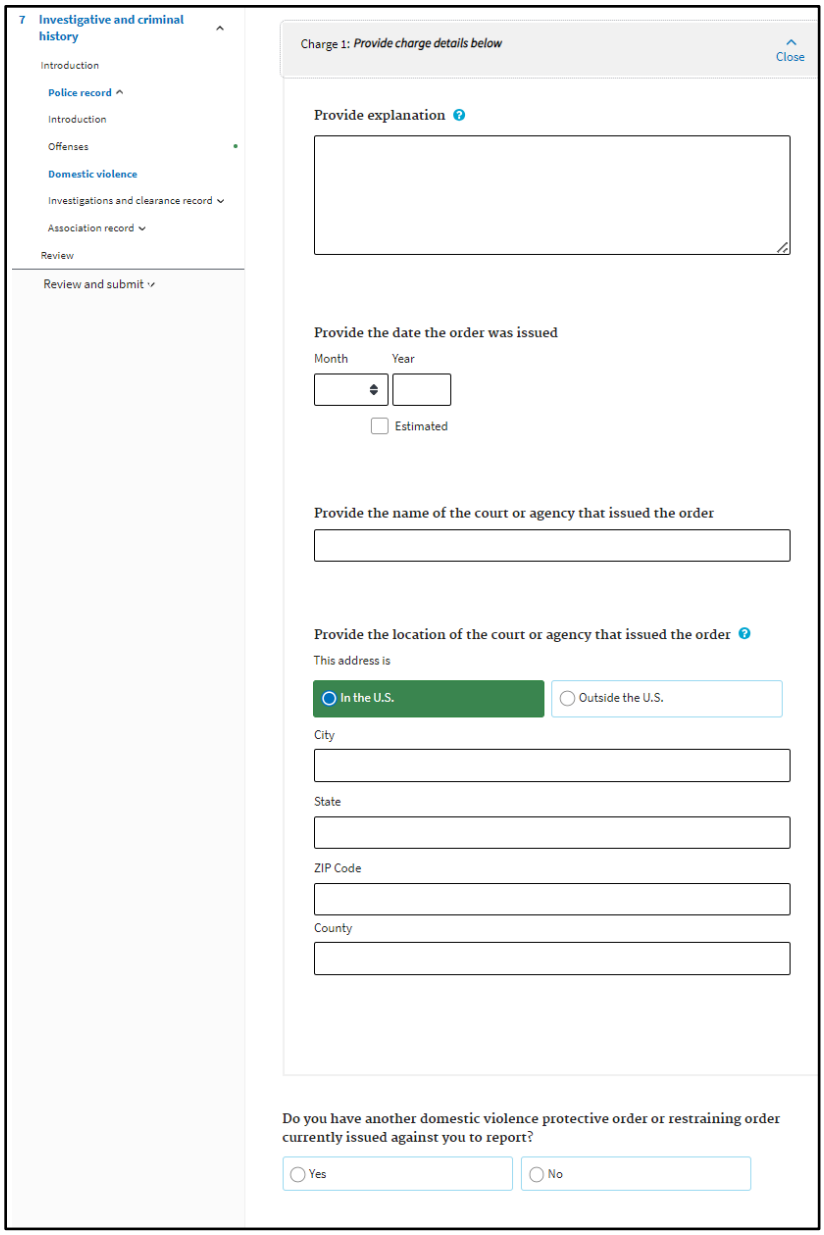




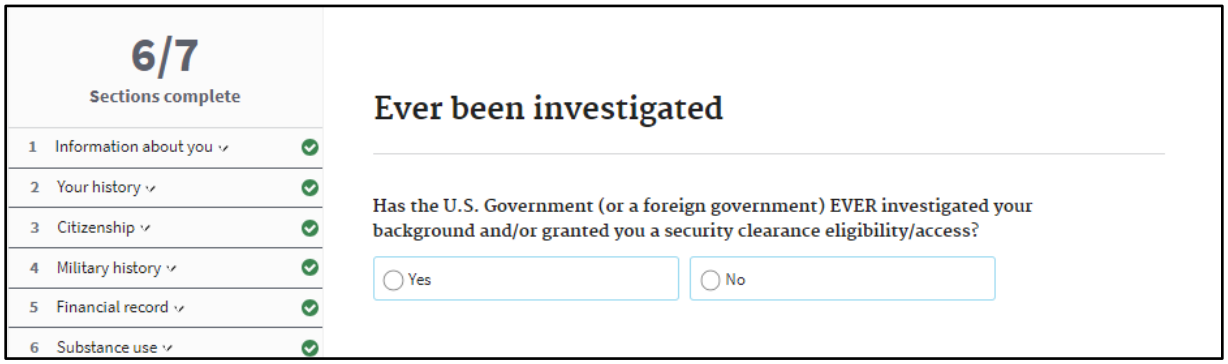
Domestic Violence



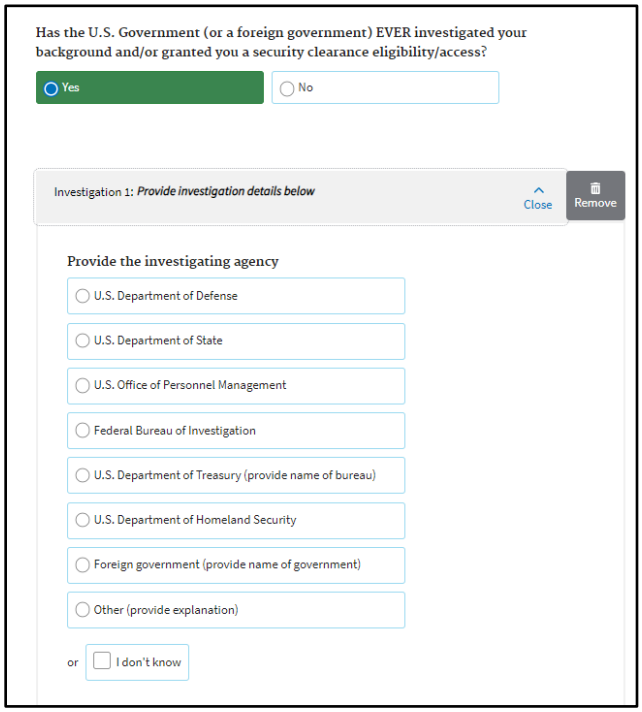
- If you select "Yes," provide the following information.

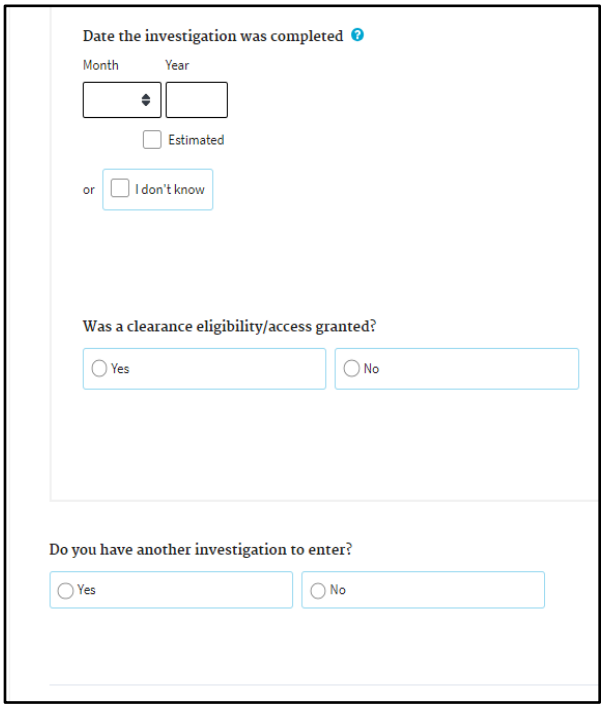


Ever been investigated

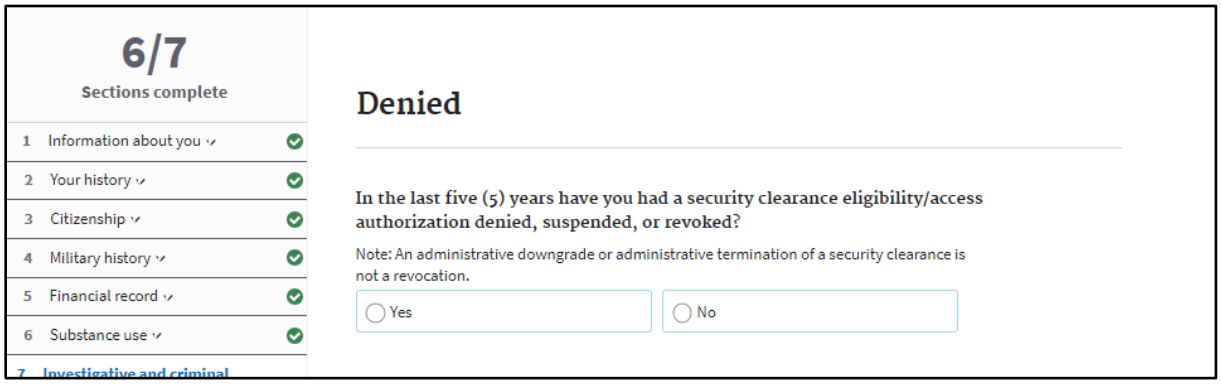


- If you select "Yes," provide the information specified below.
- If you are unsure about the information regarding when or where you were processed for a background check, select "No."
    - DOE does not permit you to choose "I don't know" for the details of this questions.
    - A DBIDS pass or a Sandia uncleared badge does not qualify as a background investigation.

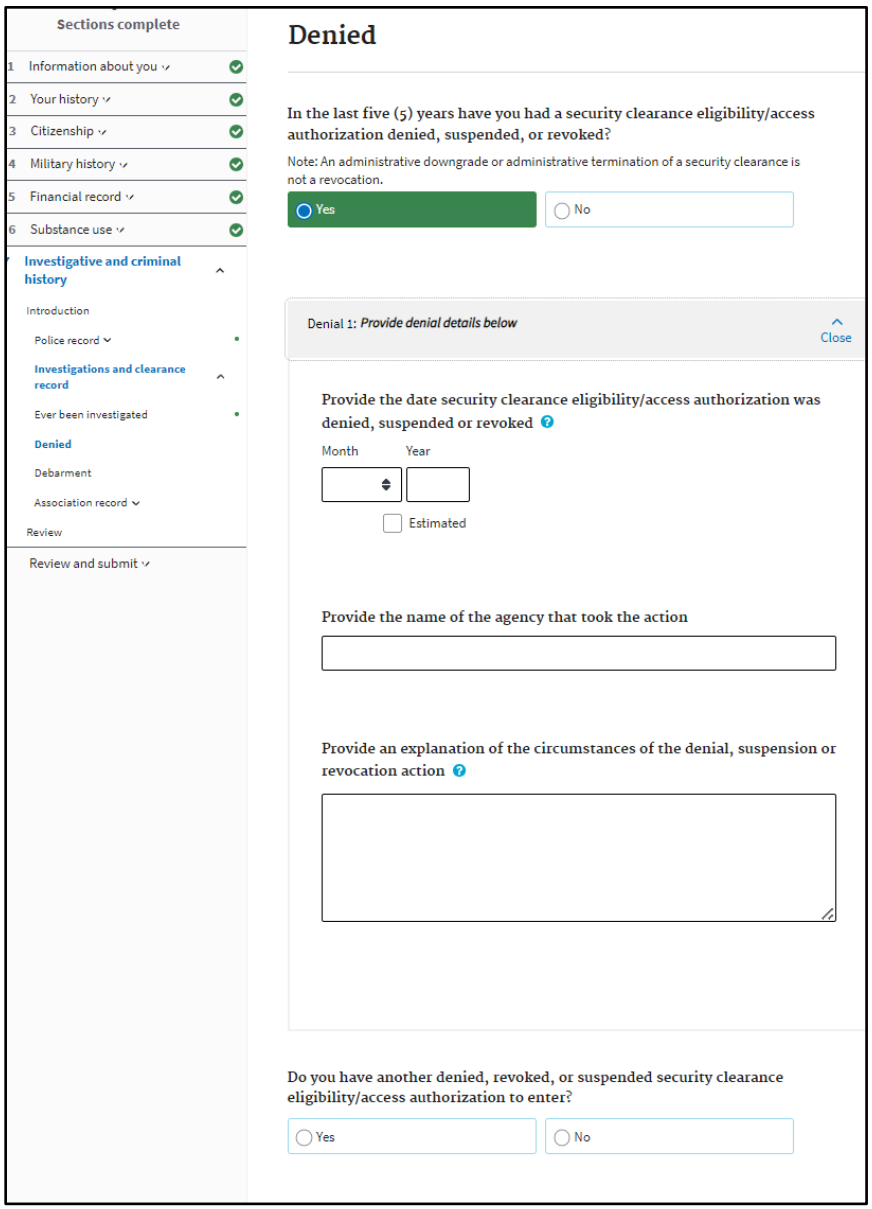




Denied



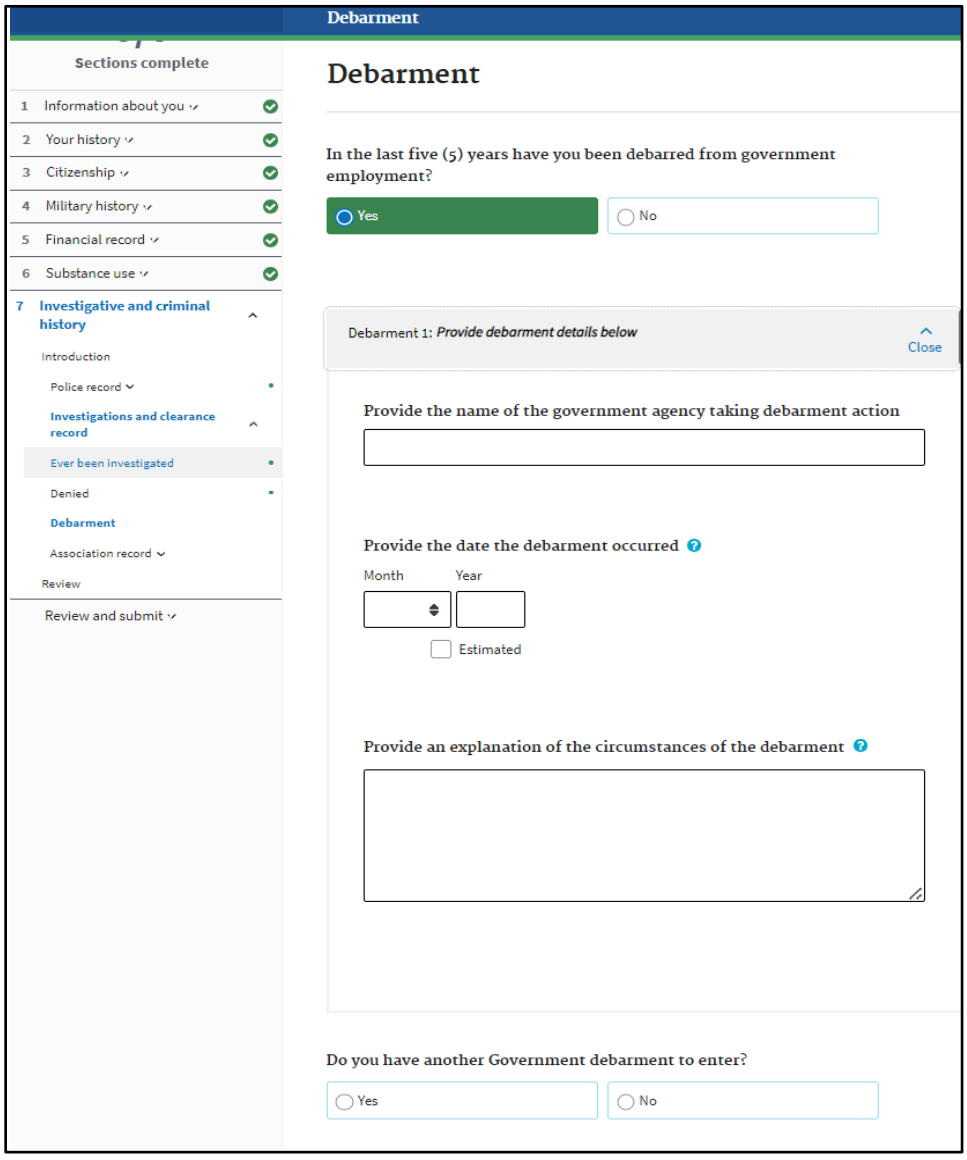
- If you select "Yes," provide the following information.



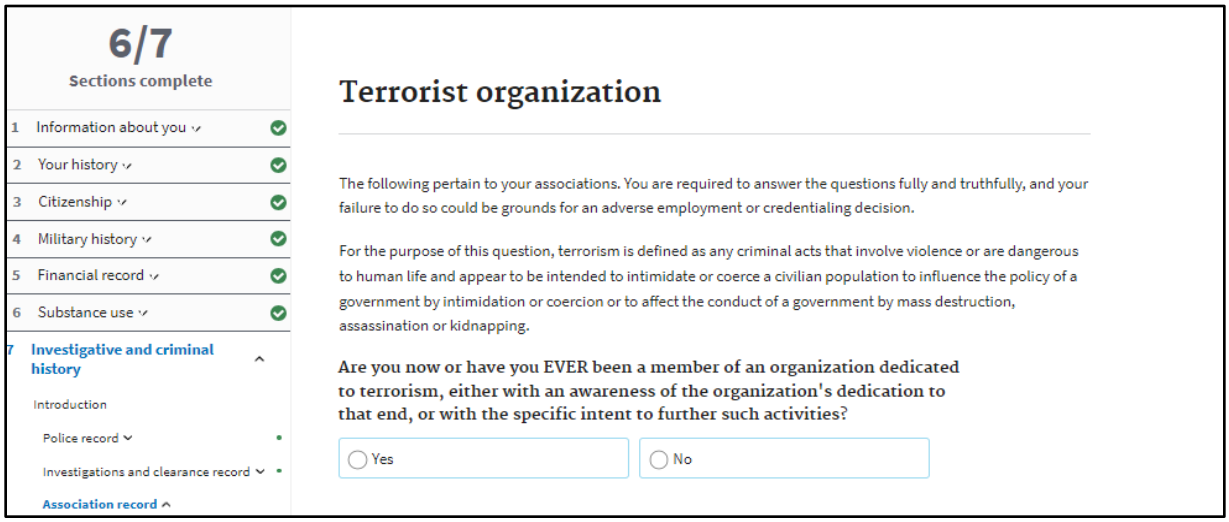
Debarment



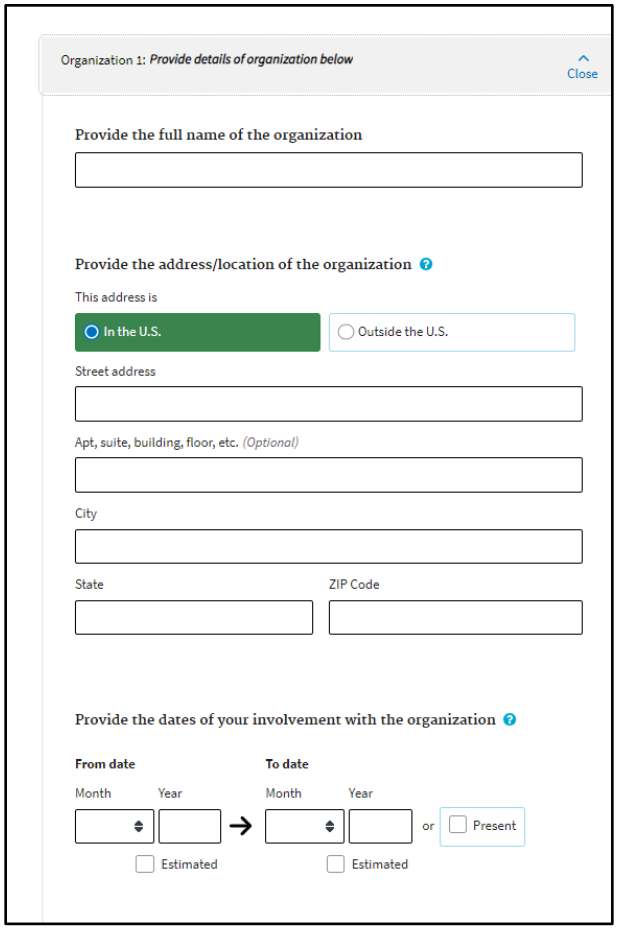
- If you select "Yes," provide the following information.

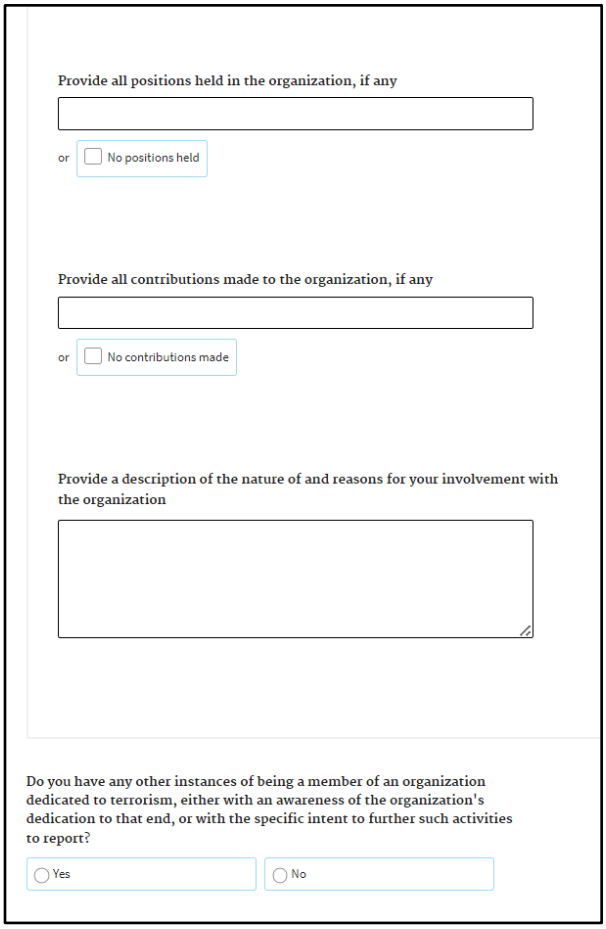


Terrorist organization



- If you select "Yes," provide the following information.

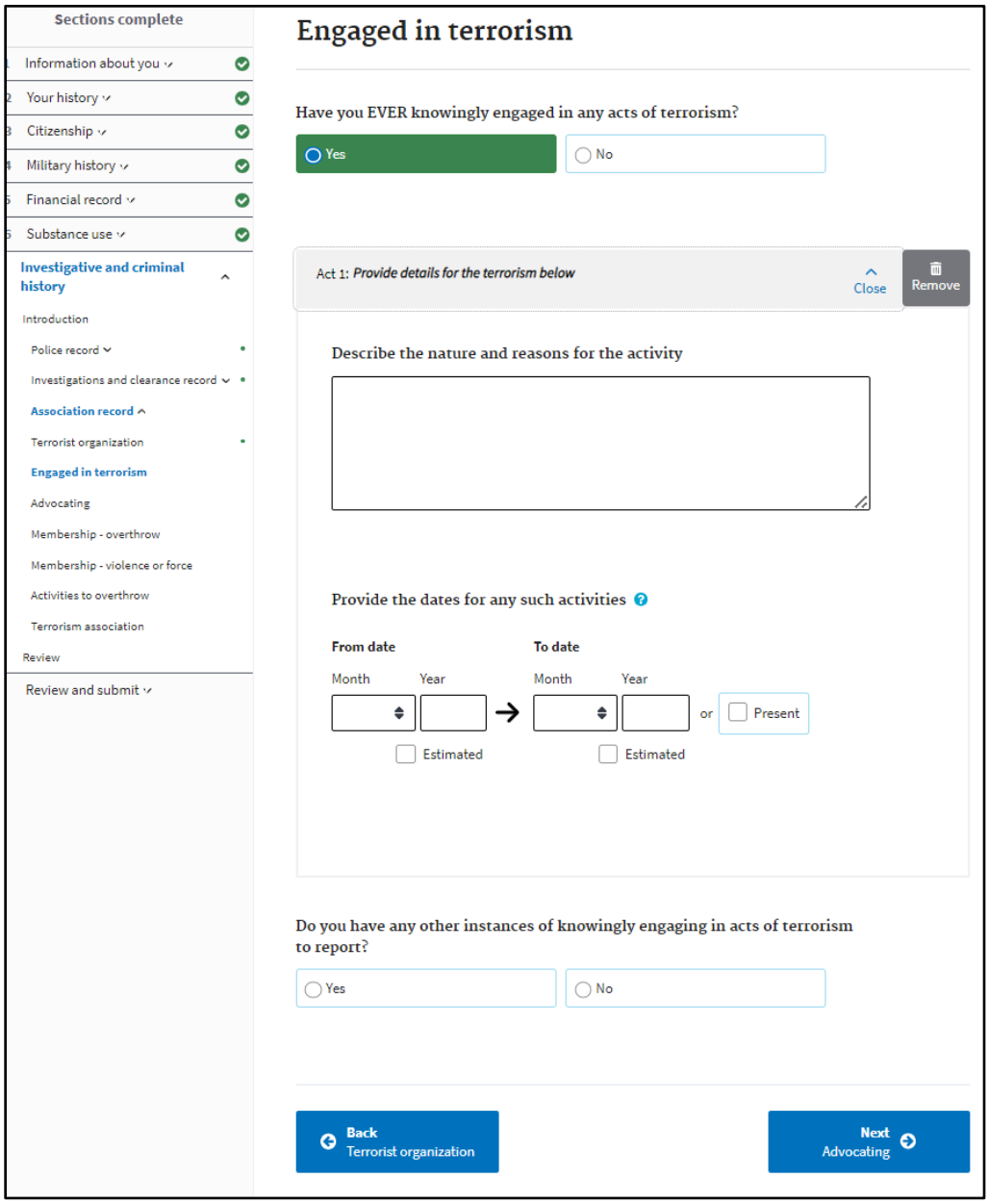




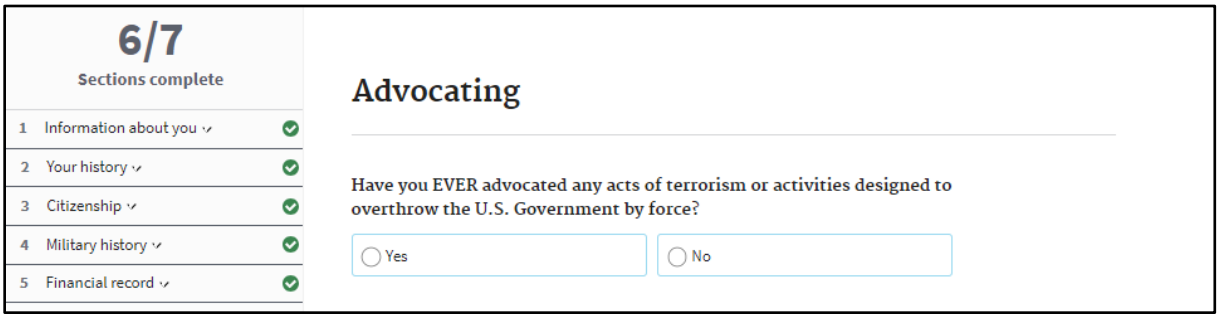
Engaged in terrorism



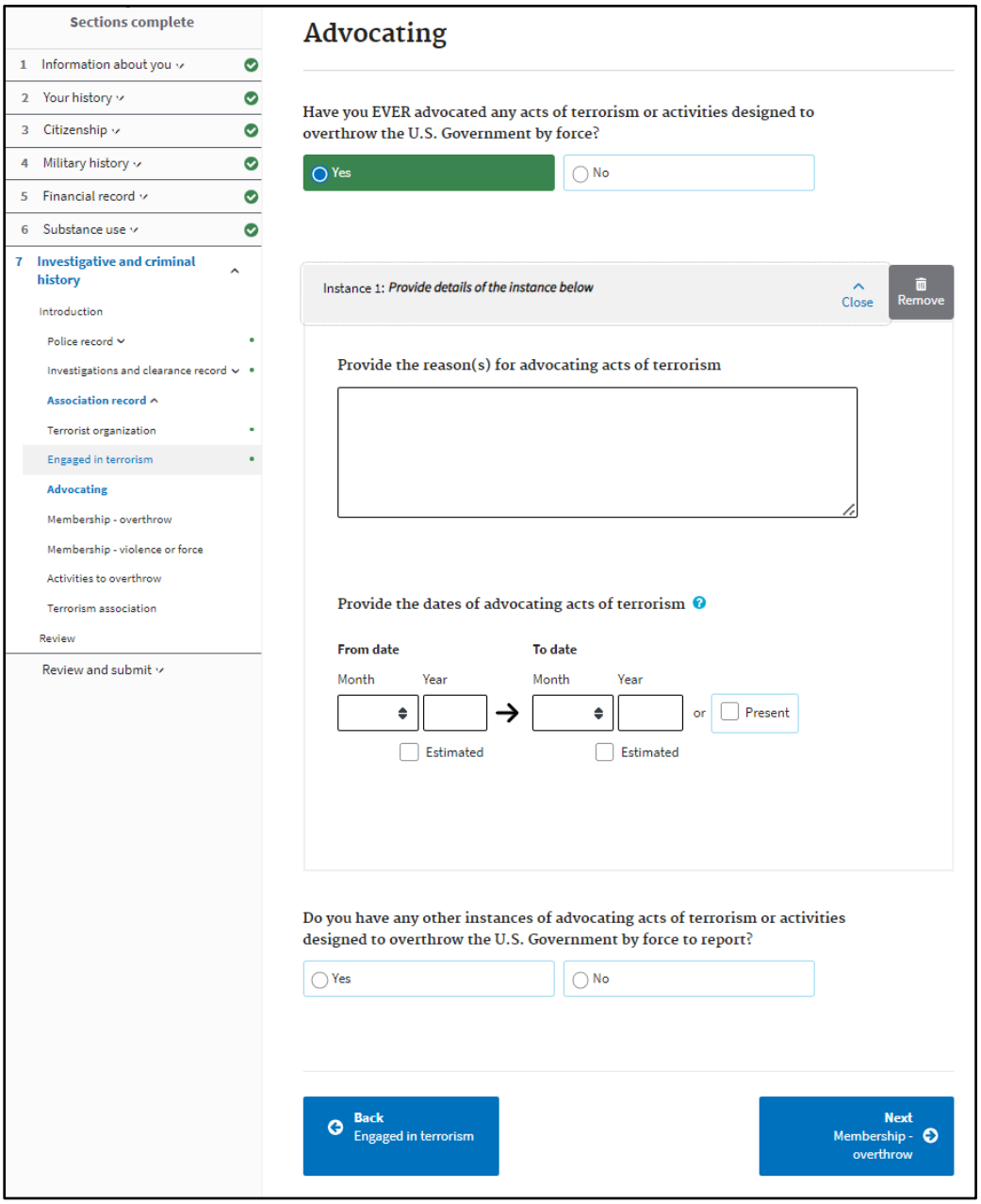
- If you select "Yes," provide the following information.



Advocating



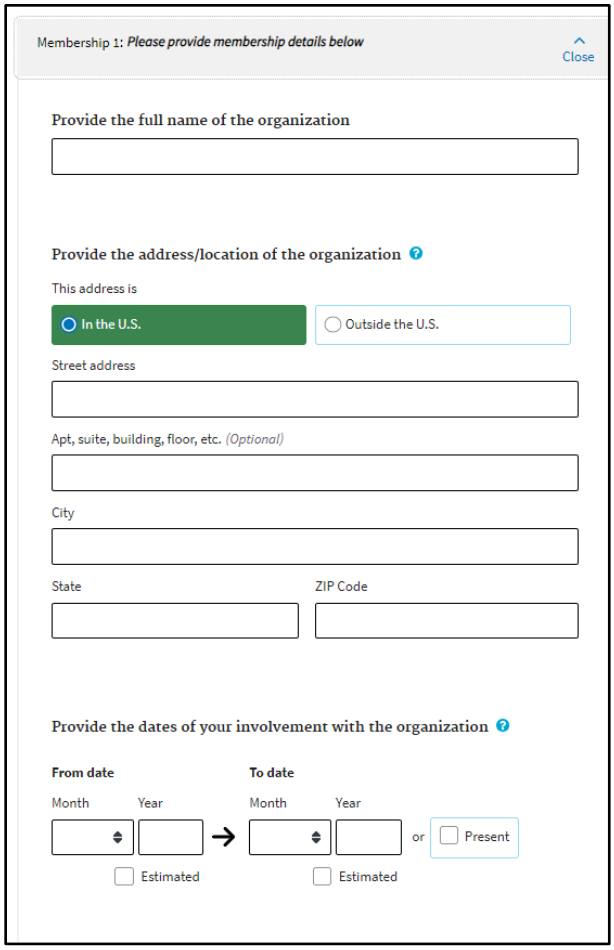
- If you select "Yes," provide the following information.

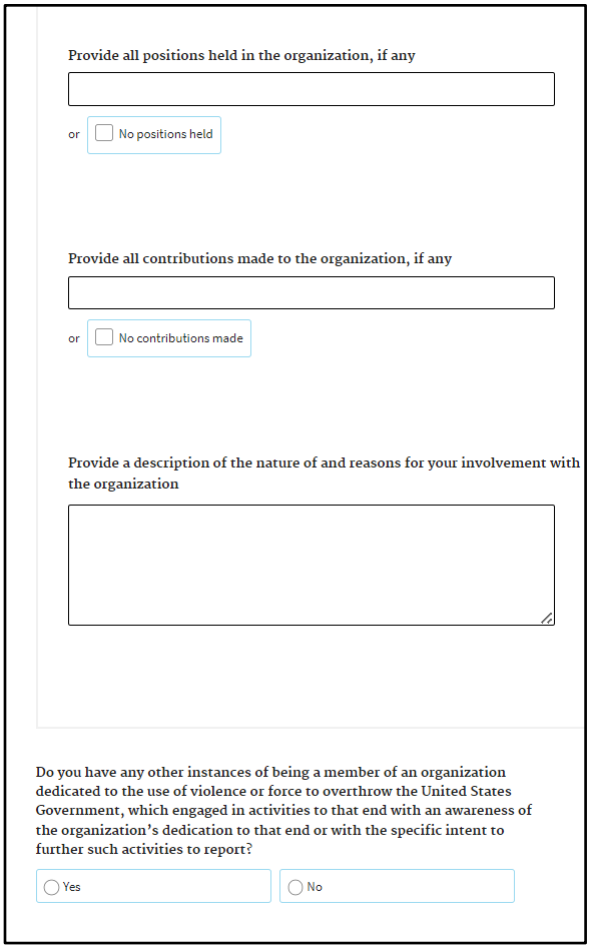


Membership – overthrow

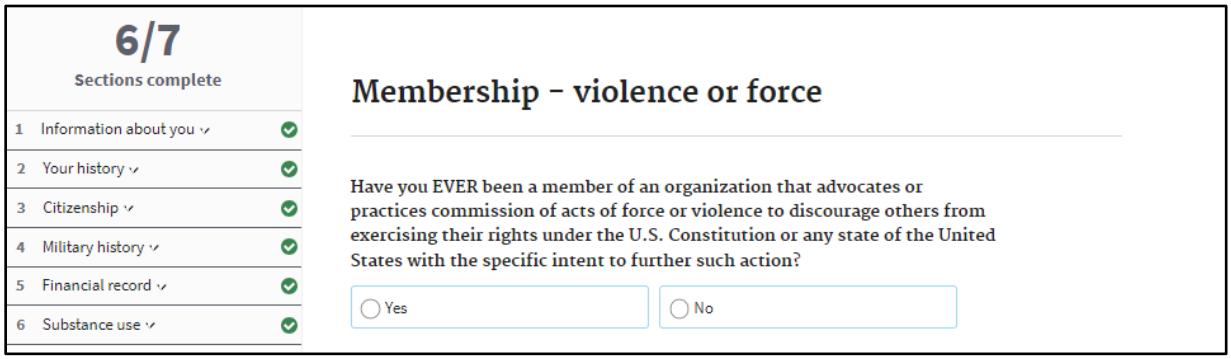


- If you select "Yes," provide the following information.

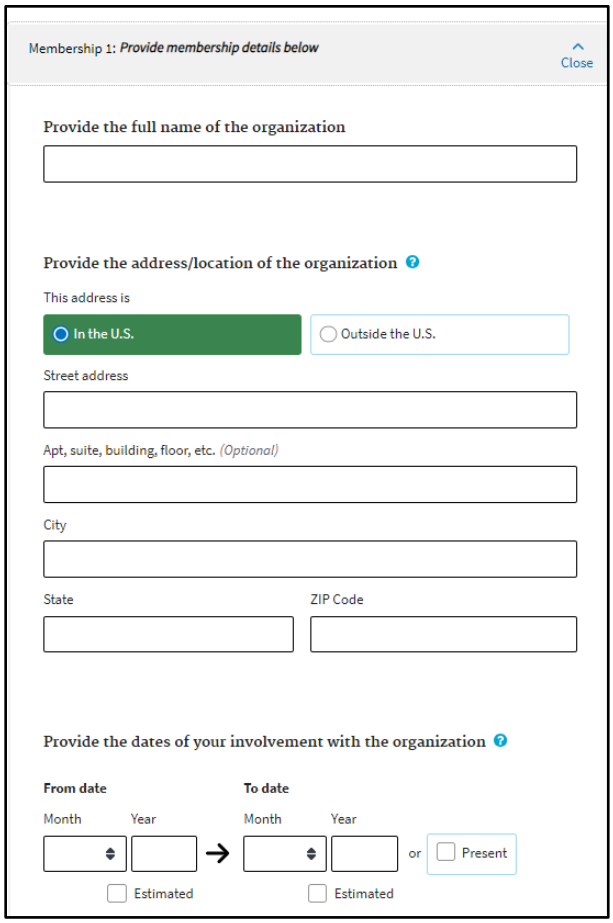


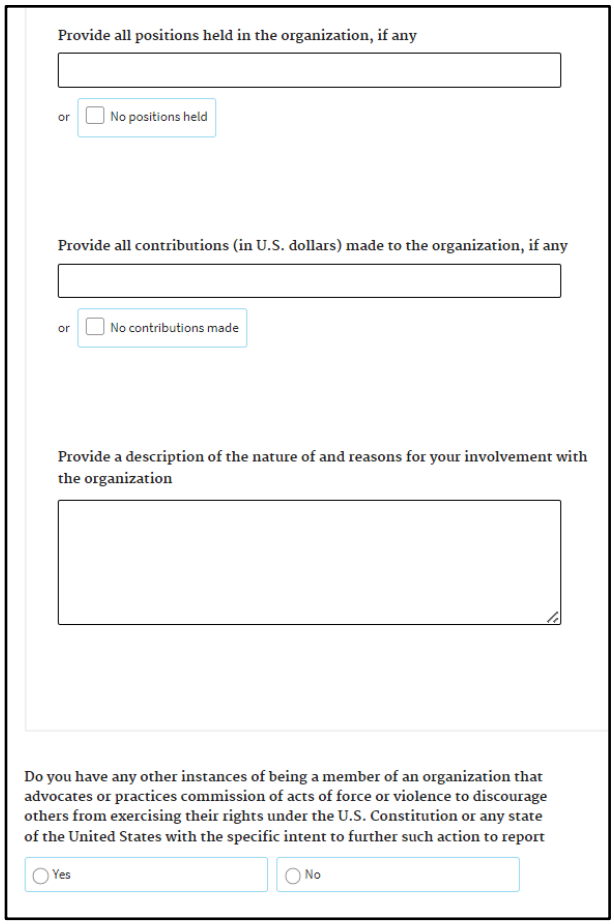


Membership – violence or force



- If you select yes, fill out the following information.

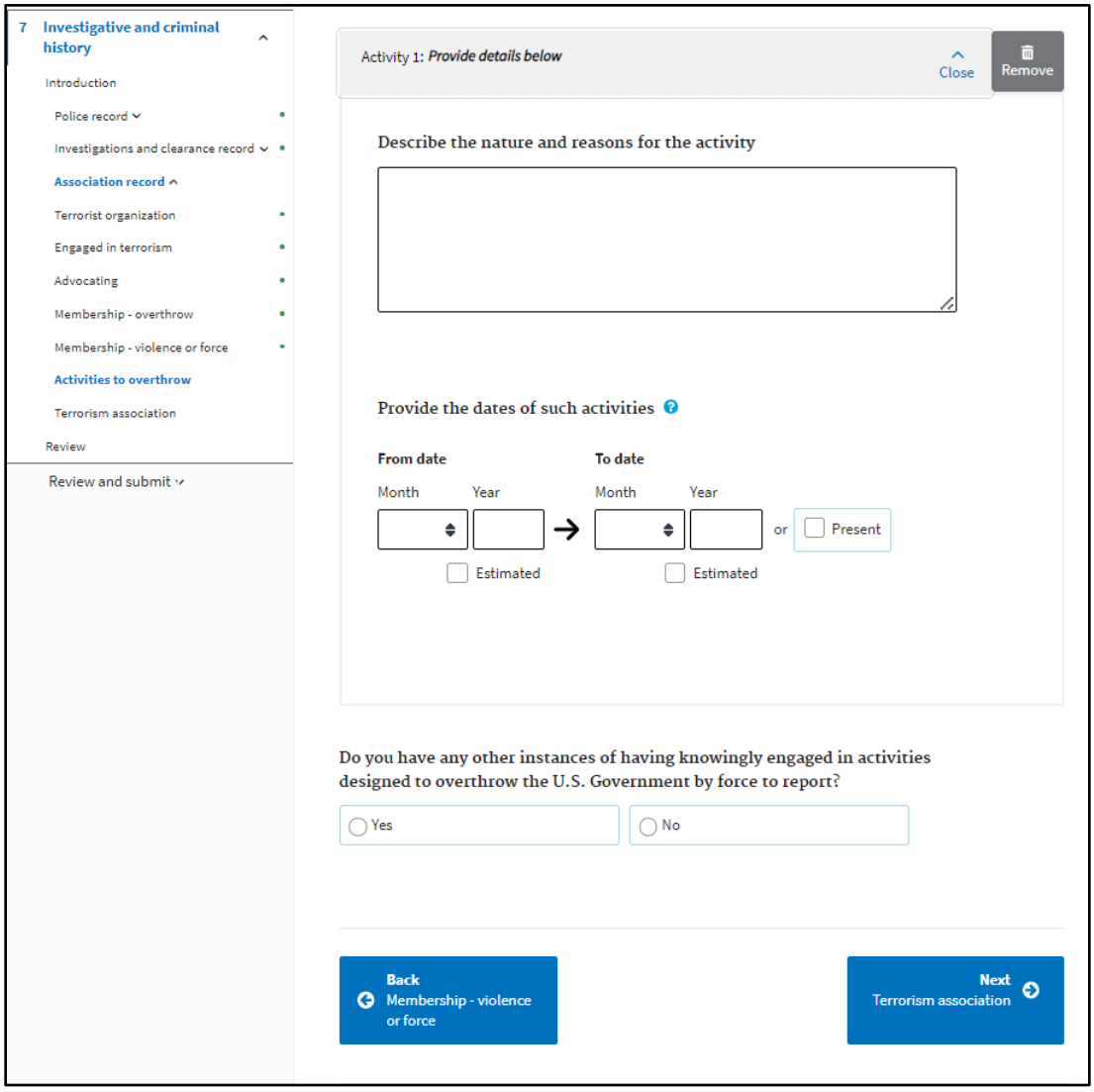




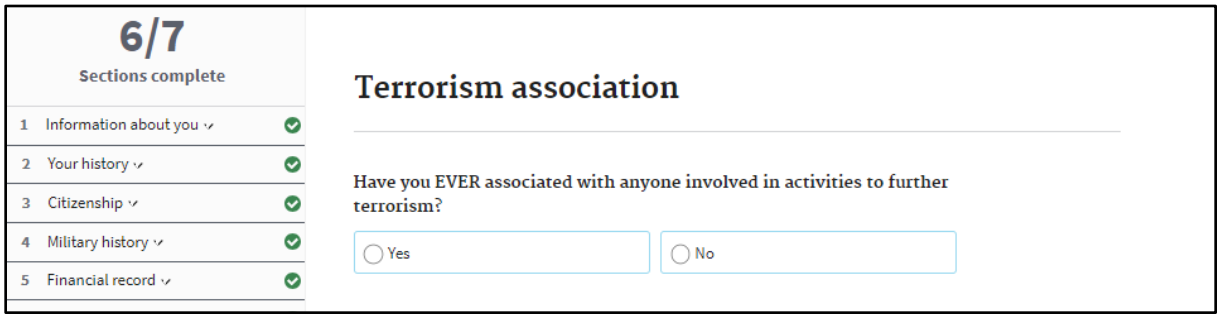
Activities to overthrow



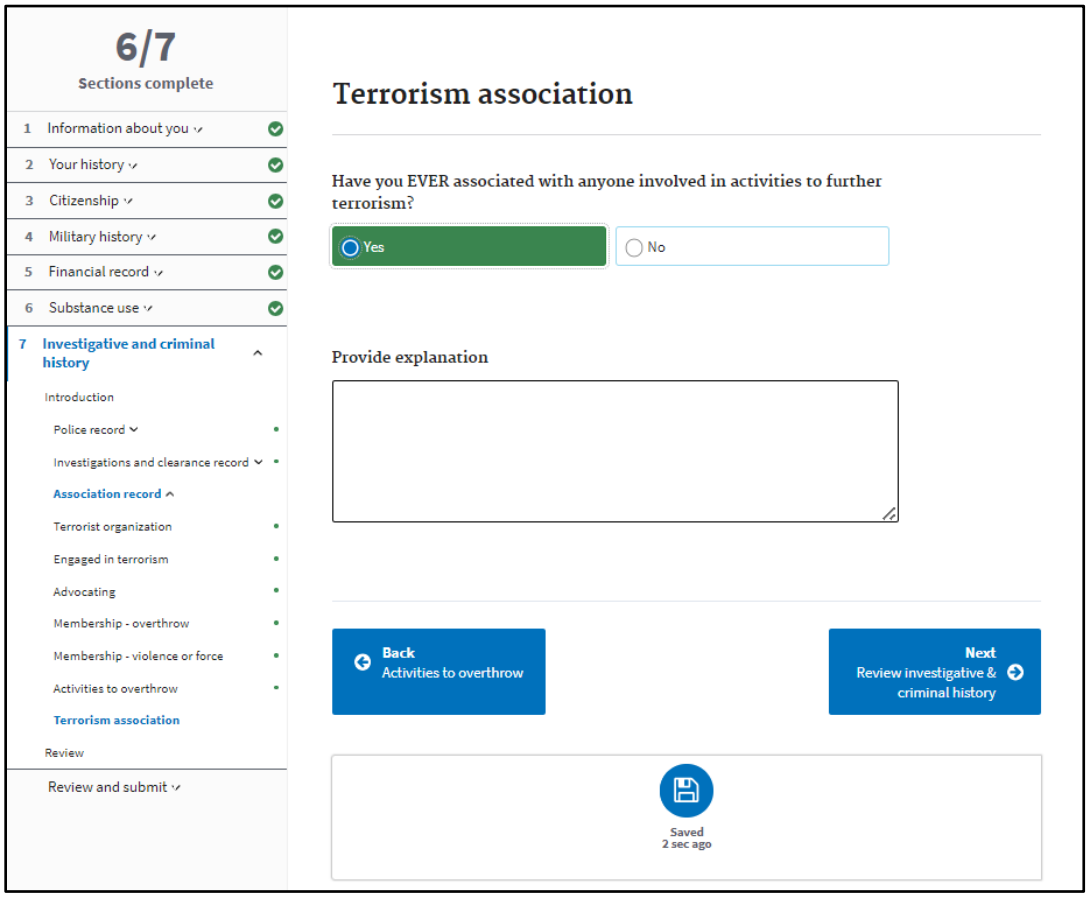
- If you select yes, fill out the following information.



Terrorism association



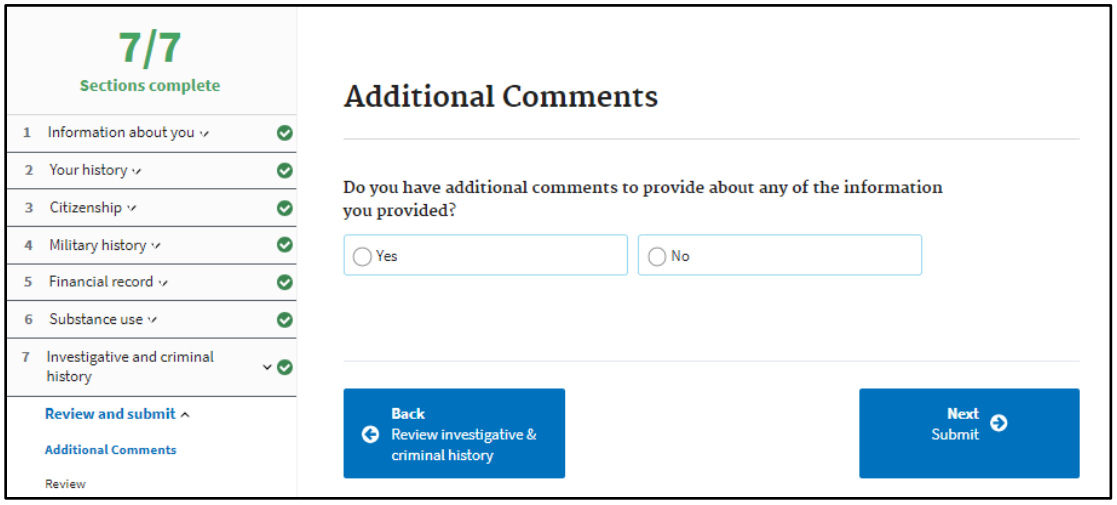
- If you select "Yes," provide an explanation of the situation, association with the individual, and the activities intended to further terrorism.

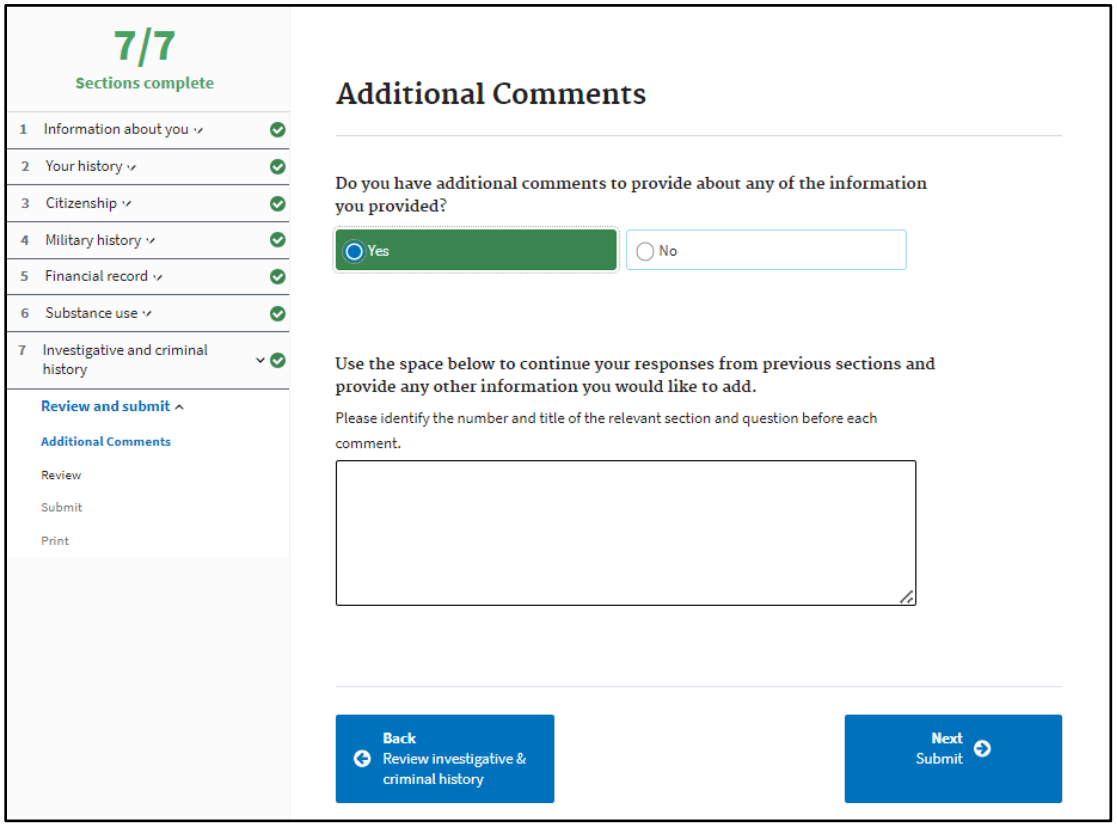


Review and Submit

Additional comments

- Select “No” and proceed to the next page to certify your document.
- If you select “Yes,” a text box will appear for you to provide additional comments.

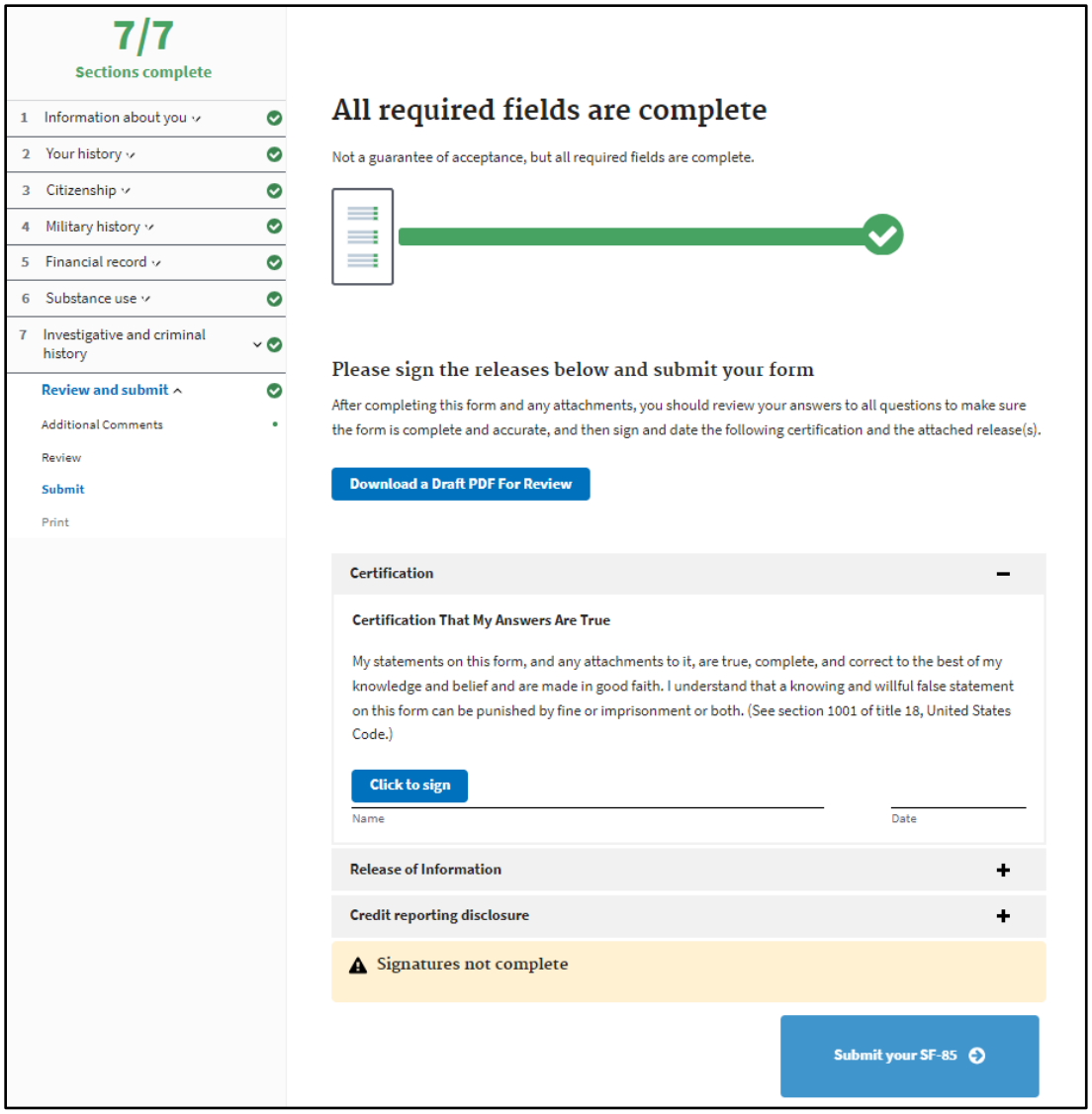




Sign 3 documents

➢ Document 1/3

- The first signature will be to certify that the answers you provided in the SF-85 questionnaire are true, complete, correct to the best of your knowledge, and are made in good faith.



➢ Document 2/3

- This second document gives permission to release your information (as provided in the questionnaire) to any investigator, special agent, or other duly accredited representative of a federal agency.

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Click to sign

Name

Date

➢ Document 3/3

- This third document is disclosing that one or more reports may be obtained for employment purposes.

Credit reporting disclosure −

United States of America Fair Credit Reporting Disclosure and Authorization

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Depending on circumstances within your background, the Federal government may require information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) for positions designated as low risk, non-sensitive, and for physical and logical access. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my initial background investigation, reinvestigation, or ongoing evaluation (i.e. continuous evaluation) of my for positions designated as low risk, non-sensitive, and for physical and logical access to request, and any consumer reporting agency to provide, such reports for the purposes described above.

Note: If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a non-sensitive position. To avoid such delays, you should expeditiously respond to any request made to release the credit freeze for the purposes as described above.

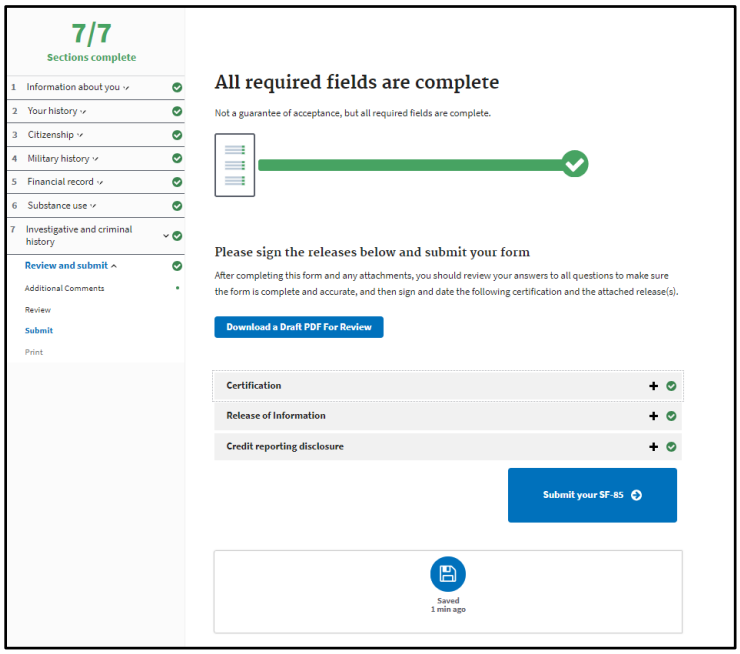
Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I occupy a non-sensitive position.

Click to sign

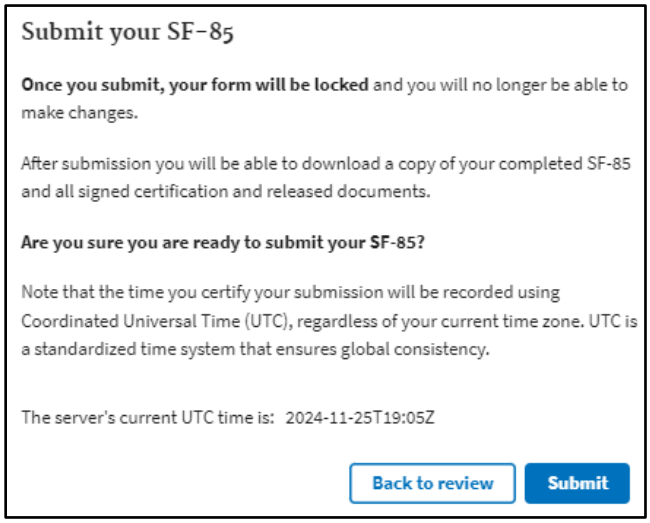
Name _____ Date _____

Final Steps

- After you have successfully answered all the questions in the questionnaire, a green checkmark will appear next to each section, in the left column.
- After you have successfully signed the documents, a green checkmark will appear next to each document.
- At this point, you have the option to download the completed questionnaire for your records.
- Click “Submit your SF-85” to submit it to your sponsor for review.

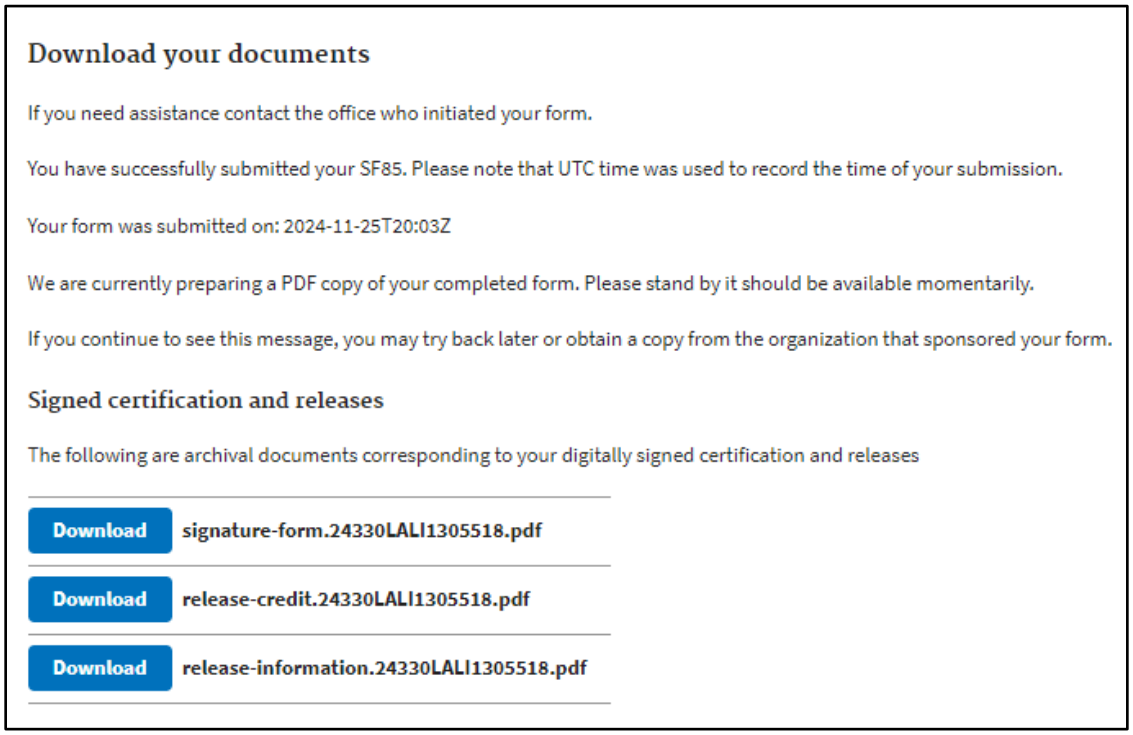


- Click “Submit” one more time.
- After you click “Submit,” you will not be able to edit your information unless your SNL sponsor returns it to you.



After Submission

- After submitting your documents, you will have the option to download the signed forms.
- Select “log out.”



Additional Information

- After you submit your paperwork, your SNL sponsor will review it for any necessary corrections. If corrections are needed, you will receive an email outlining the required changes.
- After your paperwork is submitted, processing may take up to 6 months.
- Information on the SF-85 and OF-306 must be consistent, including details such as other names used, criminal history, termination of employment, etc.

Sandia National Laboratories is a multimission laboratory managed and operated by National Technology and 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-NA-0003525.