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

Sandia National Laboratories

CALIFORNIA BACKGROUND REVIEW UPDATE

You are receiving this notice on behalf of the Personnel Security Background Review Office.

In compliance with 48 CFR 904.401, prior to selecting any individual for a position requiring a DOE access authorization, Sandia National Laboratories must conduct a background review. Sandia may review personal references, law-enforcement records, credit history, prior employment, and education. The information you provide in this application will be used for the sole purpose of conducting a background review.

Before the Clearance Office can process a clearance request, the person for whom access authorization is being requested, must complete the attached Background Review Form. The completed form must be returned to the Personnel Security Background Review Office by one of the following methods:

Email: pebr@sandia.gov

Fax: 505-284-0595

SNL Internal Mail: Personnel Security Background Review Office, MS 1475

Mail: Sandia National Laboratories

Background Review Office

PO Box 5800, MS 1475

Albuquerque, NM 87185

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

If you have any questions regarding the Background Review process or the attached form, contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902, or (505) 844-8902. Do not contact the Clearance Office.

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The information on this form is required as part of the pre-employment process to assess each candidate's suitability for work at a national laboratory. All information you provide on this form will be verified. It is imperative that you answer all questions completely, honestly, and accurately. Failure to do so will result in delays and may cause you to be considered unfavorable for employment with Sandia National Laboratories. If you have any questions, contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902, or (505) 844-8902.

1. **Complete this form electronically.** With the exception of your signature. Handwritten forms will **NOT** be accepted.

2. Do not modify or change this form in any way.

3. Provide all requested information.

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. Do not use relatives, previous supervisors, college professors, and/or teachers as references.

    b. List only those references who are available for contact between the hours of 9 a.m. and 5 p.m., Mountain Time.

    c. Contact your references in advance to advise them to expect a telephone call from Sandia National Laboratories.

6. Use the continuation space provided on page 5 for any information that will not fit within the answer block. Attach additional pages as necessary.

7. Sign and date the signature blocks located on pages 1, 6, and 7.

    a. If you are under 18 years old on the date you sign this form, your parent or legal guardian must sign page 7.

    b. Handwrite your signature or use an electronic signature in the signature blocks. If you use an electronic signature it must be printable and reproducible.

Notes:

- **Sandia National Laboratories is a <u>Drug Free Workplace</u>.**
- **In the event of employment, understand that giving false or misleading information or omitting requested information on your resume, in interview(s), or on this form <u>may result in termination</u>.**
- **Except as required by the Fair Credit Reporting Act or state law, Sandia National Laboratories will not provide details about the results of your Pre-Employment Background Review.**

My signature below confirms I have read and understand the above instructions and information.

Signature:_____ Date:_____

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Administrative Use Only			
Arrival Date:	**EP:** ☐	**Logged In:** ☐	**Logged Out Date:**
Suitability:	**Favorable:** ☐	**Unfavorable:** ☐	**Canceled:** ☐ **By:**
Completed By:		**Verified By:**	
Clearance Status: ☐ No Clearance ☐ Q Active ☐ L Active ☐ Q Terminated ☐ L Terminated ☐ Revoked ☐ Suspended			

Identifying Information		
Full Last Name	**Full First Name**	**Full Middle Name**

Social Security Number:		**E-Mail Address:**	
Phone Number:		**Alternate Phone Number:**	
Date of Birth	**Sex** ☐ **Male** ☐ **Female**	**Place of Birth** (City & State)	**Country of Birth**

1. **Are you a U.S. Citizen?** ☐Yes ☐No	If No, what country are you a citizen of?
2. **Have you ever been denied a security clearance or had a security clearance revoked?** ☐Yes ☐No	If Yes, explain:
3. **Have you ever held a security clearance?** ☐Yes ☐No	Level (L, Q, Top Secret, etc.)
4. **Have you ever been discharged or asked to resign from a position?** ☐Yes ☐No	If Yes, provide employer's name, address, dates of employment, and describe the circumstances in the continuation space on page 5.
5. **In the last 12 months have you used marijuana?** Use of marijuana includes; injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming marijuana. ☐Yes ☐No	If Yes, provide date of last use:
6. **In the last 12 months have you illegally used any drugs or controlled substances?** Use of a drug or controlled substance includes; injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. ☐Yes ☐No	If Yes, provide what was used and date of last use:
7. **In the last 12 months have you intentionally engaged in the misuse of prescription drugs?** Regardless of whether or not the drugs were prescribed for you or someone else? ☐Yes ☐No	If Yes, provide what was used and date of last use:
8. **Have you ever been convicted of a crime?** Omit any misdemeanor convictions that are more than 2 years old for the possession of marijuana, except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis. Convictions will not be an absolute bar to employment. ☐Yes ☐No	If Yes, explain: (Omit any information concerning a referral to, participation in, or any pre-trial diversion program.)
9. **Are you currently on probation or parole?** ☐Yes ☐No	If Yes, provide details in the continuation space on page 5.
10. **Has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record?** ☐Yes ☐No	If Yes, explain:
11. **Are you currently required to register as a sex offender?** ☐Yes ☐No	If Yes, explain:

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Last Four of SSN:	**Name:**

12. Residence(s)

Current Address (If your current address is a school, list it here, and include your permanent home address below).

Street Address			
City	State	Postal Code	Country

Permanent Address, if different than Current Address

Street Address			
City	State	Postal Code	Country

13. Employment, Unemployment, Military, and Student Status for the last 3 years

Start with your current status and work backwards for the last 3 years. Indicate status by checking the applicable box on the first line of each section, then complete applicable information. Account for the entire 3-year period without breaks. If you are or were an unemployed student, check the student box and provide the dates of your unemployed student status.

Current Employer (Please note, your current employer will be contacted)

Status: ☐ Employed ☐ Unemployed ☐ Military ☐ Student			Administrative Use Only Verification Date:
Name of Employer, School, or Military Duty Location			Your Position/Title/Military Rank
Month/Year to Month/Year	☐ Full Time ☐ Part Time		Supervisor's or Verifier's Name
Employers Address			Supervisor's or Verifier's Phone Number
City	State	Postal Code	Supervisor's or Verifier's Email Address

Employment or Student History

Status: ☐ Employed ☐ Unemployed ☐ Military ☐ Student			Administrative Use Only Verification Date:
Name of Employer, School, or Military Duty Location			Your Position/Title/Military Rank
Month/Year to Month/Year	☐ Full Time ☐ Part Time		Supervisor's or Verifier's Name
Employers Address			Supervisor's or Verifier's Phone Number
City	State	Postal Code	Supervisor's or Verifier's Email Address

Status: ☐ Employed ☐ Unemployed ☐ Military ☐ Student			Administrative Use Only Verification Date:
Name of Employer, School, or Military Duty Location			Your Position/Title/Military Rank
Month/Year to Month/Year	☐ Full Time ☐ Part Time		Supervisor's or Verifier's Name
Employers Address			Supervisor's or Verifier's Phone Number
City	State	Postal Code	Supervisor's or Verifier's Email Address

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Last Four of SSN:			**Name:**
Status: ☐ Employed ☐ Unemployed ☐ Military ☐ Student			Administrative Use Only Verification Date:
Name of Employer, School, or Military Duty Location			Your Position/Title/Military Rank
Month/Year to Month/Year	☐ Full Time ☐ Part Time		Supervisor's or Verifier's Name
Employers Address			Supervisor's or Verifier's Phone Number
City	State	Postal Code	Supervisor's or Verifier's Email Address

14. Education

Complete the following section by filling in all applicable fields. High School education information is required **only** if you obtained a High School diploma or equivalency in the past 5 years. College/University information is required **only** if you obtained a post-high school degree or certificate, regardless of how long ago it was obtained.

Administrative Use Only Verification Date: ☐ **HR** ☐ **CRC** ☐ **None**

In the past 5 years have you obtained a High School Diploma or equivalency? ☐ **Yes** ☐ **No** **Year:**

School Name		Street Address	
City	State or Province	Postal Code	Country

College/University

College/University Name		Street Address	
City	State or Province	Postal Code	Country
Degree/Certificate Received	Field of Specialization (Major)	Year Received	

College/University Name		Street Address	
City	State or Province	Postal Code	Country
Degree/Certificate Received	Field of Specialization (Major)	Year Received	

College/University Name		Street Address	
City	State or Province	Postal Code	Country
Degree/Certificate Received	Field of Specialization (Major)	Year Received	

College/University Name		Street Address	
City	State or Province	Postal Code	Country
Degree/Certificate Received	Field of Specialization (Major)	Year Received	

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Last Four of SSN:	**Name:**

15. Other Names

List any other Names Used (maiden, former, alias, married, including any nicknames your references may know you by).

16. Personal References

Complete the following section by listing three persons over the age of 18 who you have known for at least 2 years and who we may contact to acquire a personal reference. DO NOT list relatives, previous supervisors, college professors, or teachers. Personal references are people who can provide information about your character, general reputation, and mode of living. List only those that are available for contact between the hours of 9 a.m. and 5 p.m. MT. Contact your references in advance to advise them to expect a telephone call from Sandia National Laboratories.

Name			Administrative Use Only Verification Date:
Relationship: ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other:			Cell
City	State or Province	Years Known	Home
Country	Email		Work

Name			Administrative Use Only Verification Date:
Relationship: ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other:			Cell
City	State or Province	Years Known	Home
Country	Email		Work

Name			Administrative Use Only Verification Date:
Relationship: ☐ Friend ☐ Schoolmate ☐ Neighbor ☐ Other:			Cell
City	State or Province	Years Known	Home
Country	Email		Work

Continuation Space

Use the space below to continue answers to all other items and to provide any additional information. Before each answer, identify the number of the section and/or the question number. If additional space is needed, use a blank sheet of paper and include the last four of your SSN and name at the top of the page.

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Consumer Report Disclosure

Because you are applying for a position that requires an access authorization, Sandia National Laboratories may obtain a consumer report or credit report from a consumer reporting agency or consumer credit agency.

- The terms consumer, consumer reporting agency, and consumer report are defined in the Fair Credit Reporting Act (FCRA). The terms credit report and consumer credit agency are defined by California law.
- The consumer report may include information about your credit worthiness, credit standing, credit capacity, or mode of living, and it will be used for the purpose of determining your eligibility for employment.
- A consumer report is not a report generated in-house by Sandia, nor is it information collected by Sandia employees from publicly available sources, such as criminal records databases, or from your employment and personal references.
- Sandia may also obtain an investigative consumer report (as defined by California law).
    - The investigative consumer report will be ordered from www.criminalrecordcheck.com (CRC), PO Box 90998, Raleigh, North Carolina, 27675; 877-272-0266.
    - The investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living.
- Under California Civil Code §1786.22, you have the right to contact CRC to review or obtain all information in your file. You may request this information in person, certified mail or telephone. Proper identification will be required if you choose in person. Any coded information in your file will be explained to you.

If Sandia obtains a consumer report about you, and if any information in the report is a factor in a decision not to hire you, you will be provided with a copy of the consumer report and a summary of your rights under the FCRA before the decision is finalized. For more information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700G Street N.W Washington, DC 2006.

Before Sandia can obtain a consumer report about you, you must give your consent in writing. Your signature below confirms that you have completely read this section.

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I_____, acknowledge that I have read the above document entitled Investigative Consumer Report Disclosure." I hereby voluntarily authorize Sandia and/or its agent, to obtain an investigative consumer report about me, which may include information about my character, general reputation, personal characteristics, or mode of living. I also authorize Sandia, to consider the report(s) when making decisions regarding my retention or employment with Sandia National Laboratories.

I AGREE THAT A PHOTOCOPY OR TELEPHONIC FACSIMILE OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

Signature:_____ **Date:_____**

☐ **I request a copy of the consumer and/or investigative report.**

Administrative Use Only

Criminal History Results:	☐ **Criminal Derogatory**	☐ **No Criminal Derogatory**
Criminal History Report Number:	**Criminal History Report Date:**	
Notes:	☐ **Copy Sent**	☐ **Copy Not Required**

Credit History Results:	☐ **No Credit History**	☐ **No Credit Derogatory**
Collections:	**Late Payments (90 days or longer):**	**Public Records:**
Credit History Report Date:		
Notes:	☐ **Copy Sent**	☐ **Copy Not Required**

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Last Four of SSN:	**Name:**

Authorization & Certifications

In connection with my work at Sandia National Laboratories, I hereby authorize any persons or organizations having information pertaining to my education, employment background, including information covered by the Privacy Act of 1974, or to my personal background, including any record with law-enforcement agencies to release such information to Sandia National Laboratories or its duly authorized representative. Furthermore, I agree that all such parties shall be held harmless from liability concerning such release of information. I agree and understand that a photocopy of this authorization may serve as an original. I further authorize the release of information by Sandia National Laboratories to any party for the purpose of verifying the information I have provided.

Certification that my answers are true

I certify that the information in this document is correct and complete to the best of my knowledge and belief. I understand that giving false or misleading information or omitting requested information on my resume, in interviews, or on this form may result in termination.

Full Name (printed):_____

Signature:_____ **Date:**_____

Note: You may handwrite or use an electronic signature. If you use an electronic signature it must be printable and reproducible.

If applicant is under 18 years old, a parent or guardian signature is required below.

Parent or Guardian Signature:_____ **Date:**_____