

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



## **CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW**

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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## CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW INSTRUCTIONS

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 Drug Free Workplace.**
- **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 may result in termination.**
- **Except as required by the Fair Credit Reporting Act or state law, Sandia National Laboratories will not provide details about the results of your 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			
<b>Arrival Date:</b>		<b>EP:</b> <input type="checkbox"/>	<b>Logged In:</b> <input type="checkbox"/>
<b>Suitability:</b>		<b>Favorable:</b> <input type="checkbox"/>	<b>Unfavorable:</b> <input type="checkbox"/>
<b>Completed By:</b>		<b>Verified By:</b>	
<b>Logged Out Date:</b>			
<b>Canceled:</b> <input type="checkbox"/> <b>By:</b>			
<b>Clearance Status:</b> <input type="checkbox"/> No Clearance <input type="checkbox"/> Q Active <input type="checkbox"/> L Active <input type="checkbox"/> Q Terminated <input type="checkbox"/> L Terminated <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended			
Identifying Information			
<b>Full Last Name</b>		<b>Full First Name</b>	
<b>Full Middle Name</b>			
<b>Social Security Number:</b>		<b>E-Mail Address:</b>	
<b>Phone Number:</b>		<b>Alternate Phone Number:</b>	
<b>Date of Birth</b>	<b>Sex</b> Male    Female	<b>Place of Birth (City &amp; State)</b>	<b>Country of Birth</b>
1. <b>Are you a U.S. Citizen?</b> Yes    No		If No, what country are you a citizen of?	
2. <b>Have you ever been denied a security clearance or had a security clearance revoked?</b> Yes    No		If Yes, explain:	
3. <b>Have you ever held a security clearance?</b> Yes    No		Level (L, Q, Top Secret, etc.)	
4. <b>Have you ever been discharged or asked to resign from a position?</b> Yes    No		If Yes, provide employer's name, address, dates of employment, and describe the circumstances in the continuation space on page 5.	
5. <b>In the last 12 months have you used marijuana?</b> Use of marijuana includes; injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming marijuana. Yes    No		If Yes, provide date of last use:	
6. <b>In the last 12 months have you illegally used any drugs or controlled substances?</b> 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. <b>In the last 12 months have you intentionally engaged in the misuse of prescription drugs?</b> 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. <b>Have you ever been convicted of a crime?</b> 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. <b>Are you currently on probation or parole?</b> Yes    No		If Yes, provide details in the continuation space on page 5.	
10. <b>Has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record?</b> Yes    No		If Yes, explain:	
11. <b>Are you currently required to register as a sex offender?</b> Yes    No		If Yes, explain:	

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<b>Last Four of SSN:</b>		<b>Name:</b>	
<b>12. Residence(s)</b>			
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
<b>Permanent Address, if different than Current Address</b>			
Street Address			
City	State	Postal Code	Country
<b>13. Employment, Unemployment, Military, and Student Status for the last 3 years</b>			
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.			
<b>Current Employer (Please note, your current employer will be contacted)</b>			
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    Month/Year to	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
<b>Employment or Student History</b>			
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    Month/Year to	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    Month/Year to	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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<b>Last Four of SSN:</b>			<b>Name:</b>		
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	
<b>14. Education</b>					
Complete the following section by filling in all applicable fields. High School education information is required <b>only</b> if you obtained a High School diploma or equivalency in the past 5 years. College/University information is required <b>only</b> if you obtained a post-high school degree or certificate, regardless of how long ago it was obtained.					
<b>Administrative Use Only</b>			<b>Verification Date:</b> <input type="checkbox"/> HR <input type="checkbox"/> CRC <input type="checkbox"/> None		
<b>In the past 5 years have you obtained a High School Diploma or equivalency?</b> Yes    No					<b>Year:</b>
School Name			Street Address		
City	State or Province		Postal Code	Country	
<b>College/University</b>					
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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<b>Last Four of SSN:</b>	<b>Name:</b>
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**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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<b>Last Four of SSN:</b>	<b>Name:</b>
<b>Authorization &amp; Certifications</b>	
<p>In connection with my application to 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.</p>	
<p><b>Certification that my answers are true</b></p>	
<p><b>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.</b></p>	
<p>Full Name (printed): _____</p>	
<p><b>Signature:</b> _____</p>	<p><b>Date:</b> _____</p>
<p>Note: You may handwrite or use an electronic signature. If you use an electronic signature it must be printable and reproducible.</p>	
<p>If applicant is under 18 years old, a parent or guardian signature is required below.</p>	
<p><b>Parent or Guardian Signature:</b> _____</p>	<p><b>Date:</b> _____</p>