



CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW

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

If you have any questions regarding the Background Review process, or the attached form. Contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902 or email: pebr@sandia.gov.

In compliance with 48 CFR 904.401 prior to selecting any individual for any position requiring a DOE access authorization. Sandia National Laboratory must conduct a background review.

Before the Clearance Office can process a clearance request. The person that access authorization is being requested for. Must complete the attached Pre Processing Background form. The completed form must then be returned to the Personnel Security Background Review Office by one of the listed methods.

1. email: pebr@sandia.gov.
2. Fax : 505-284-0595
3. SNL Internal Mail: Personnel Security Background Review Office MS 1475.
4. US. Mail: Sandia National Laboratories
Background Review Office
PO Box 5800
Mail Stop 1475
Albuquerque, NM 87185
5. Hand Delivery: The Personnel Security Background Review Office is located at Sandia National Laboratories, New Mexico. In the IPOC building on the first floor, Suite B-1.

Note: Do not contact the Clearance Office if you have questions regarding the information on this notice or the attached form. Contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or call direct at (505) 844-8902 or email: pebr@sandia.gov.

Sandia Proprietary Information
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CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW INSTRUCTIONS

The information in this form is required as part of the process to assess each candidate's suitability for work at a national laboratory. All information that you provide on this form is verified. It is imperative that you answer all questions completely, honestly, and accurately. Failure to do so will result in delays, and may cause you to be considered unfavorable for retention as an independent consultant or professional service provider with Sandia National Laboratories.

If you have any questions, please contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.

1. With the exception of your signature, **Do Not Handwrite** your Information on this form. Complete this form electronically.
2. Do not modify or change this form in any way.
3. Provide all requested information. Do not leave blank spaces. Use N/A for items that do not apply.
4. Be certain that all telephone numbers you provide are valid, and that any extension numbers required are included.
5. Personal references are people who can provide information about your personal characteristics, mode of living, character, and general reputation.
 - a. Avoid using college professors and teachers as references.
 - b. List only those references that are available for contact between the hours of 9am and 5pm, Mountain Time.
 - c. Contact your references in advance; advise them to expect a telephone call from Sandia National Laboratories.
6. Use the continuation space provided on page's five and six for any information that will not fit within the answer blocks on the form. You may attach additional pages as necessary.
7. You must sign and date the signature blocks located on page one, six, and seven of this form.
 - a. If you are under eighteen years old on the date that you sign this form, your parent or legal guardian must provide their signature on page six.
 - b. Handwrite your signature or use an electronic signature in the signature blocks. **If you use an electronic signature it must be printable and reproducible.**

NOTES:

- Sandia National Laboratories is a **Drug Free Workplace**.
- In the event of engagement as a independent consultant / professional service provider, understand that giving false or misleading information or omitting requested information on your resume, in interview(s), or on this form may result in **Termination**.

Except as required by the Fair Credit Reporting Act or state law, Sandia National Laboratories will not provide details about the results of your Background Review.

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

Signature: _____ Date: _____
mm/dd/yyyy

Sandia Proprietary Information
PII

CALIFORNIA CONSULTANT PRE-PROCESSING BACKGROUND REVIEW FORM

Administrative Use Only.

Arrival Date: _____ **SNL ID Number:** _____ **Logged in:** **Logged out:**

Suitability. **Canceled:** **Favorable:** **Unfavorable:**

Sandia National Laboratories is a Department of Energy (DOE) National Laboratory. Most Members of the Workforce, including Sandia Corporation (Sandia) employees, contractors, and consultants, are required to hold a DOE security clearance.

Sandia National Laboratories is required to conduct background reviews on individuals applying for independent consultant / professional service provider positions or a DOE security clearance. Sandia may review personal references, law enforcement records, credit history, prior employment, and education. The information you provide in this application will be used for the sole purpose of conducting a background review.

Instructions

Complete this form Electronically, "Type your information on this form". To facilitate processing, provide complete and accurate information. Place N/A in spaces that do not apply. If you have any questions, please contact the Personnel Security Background Review Office at 1-800-417-2634, ext. 844-8902 or (505) 844-8902.

Last Name	First Name	Middle Name

Social Security Number:	E-mail Address:
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Driver's License Number:	State of Driver's License:
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Phone Number:	Alternate Phone Number:
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Date of Birth <small>mm/dd/yyyy</small>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth: (City and State) Country of Birth: (If outside of U.S.)
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California Residents Only.	Name of the County You Reside In:
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1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what country are you a citizen of?
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2. Have you ever held a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level (L, Q, Top Secret etc.)
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3. Have you ever been convicted of a crime? Omit any Misdemeanor convictions that are more than two (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. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain. Omit any information concerning a referral to, or participation in, any pretrial or post-trial diversion program.
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4. Are you currently required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain.
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5. Are you currently using marijuana, or in the past twelve months have you used marijuana. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date of last use.
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6. Have you ever been discharged or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give employer's name, address, dates of employment and describe the circumstances.
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7. Are you currently illegally using, or in the past twelve months, have you illegally used or experimented with any narcotic, hallucinogen, stimulant, depressant, or hashish, or other controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date of last use, and what was used.
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8. Have you ever been convicted of a felony or has a court required you to satisfy conditions of probation so that a felony conviction would not be entered on your record? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please furnish the details.
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9. Other Names Used (EXAMPLES): Maiden, Former, Alias, or Married name.

Sandia Proprietary Information
PII

Social Security Number:		Name:	
10. Residences for the past 5 years			
List the places you have lived, beginning with your current residence and working back 5 years. The entire period must be accounted for without breaks.			
Current Address: If your current address is a school address, please list here and put permanent home address below.			
Street Address, Apt No.			
City	State	Postal Code	Country
Residence History			
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
Month/Year	Month/Year	Street Address, Apt No.	
to			
City	State	Postal Code	Country
11. Employment, Unemployment, Military, Student Status for the last 3 years			
Regardless of status, document your employment, unemployment, military, and student status for the last 3 years. Start with your current status and work backwards. Indicate status by checking the applicable box on the first line of each time block. Then, complete applicable information. Place "N/A" in blocks that do not have information in them. Account for entire three year period without breaks. Any breaks in time will delay the processing of your background review.			
Current Employer			
May we contact your current employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate a time:		<input type="checkbox"/> Any <input type="checkbox"/> Other – please specify:	
Status for this time period: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student			Administrative Use Only Verification Date:
Name of Employer/Verifier or Military Duty Location		Supervisor's Name	
Month/Year	Month/Year	Full or part time?	Your Position Title / Military Rank
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address			
City or Country	State	Postal Code	Supervisor's / Verifier's Telephone Number Ext
Employment History			
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student			Administrative Use Only Verification Date:
Name of Employer/Verifier or Military Duty Location		Supervisor's Name	
Month/Year	Month/Year	Full or part time?	Your Position Title / Military Rank
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer's/Verifier's Street Address			
City	State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext.

Sandia Proprietary Information
PII

Social Security Number:		Name:		
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student				Administrative Use Only
Name of Employer/Verifier or Military Duty Location				Verification Date:
Supervisor's Name				
Month/Year	Month/Year	Full or part time?		Your Position Title / Military Rank
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
Employer's/Verifier's Street Address				
City	State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext.	
Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student				Administrative Use Only
Name of Employer/Verifier or Military Duty Location				Verification Date:
Supervisor's Name				
Month/Year	Month/Year	Full or part time?		Your Position Title / Military Rank
to		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
Employer's/Verifier's Street Address				
City	State or Province	Postal Code	Supervisor's / Verifier's Telephone Number Ext.	
12. Education				
Complete the following section by filling in all blanks. If not applicable, enter N/A. The high school education information is required if you obtained a diploma in the past five years . The college/university information is required if you obtained a degree/diploma in the last five years .				
Administrative Use Only Verification Date:		<input type="checkbox"/> Transcript <input type="checkbox"/> Other <input type="checkbox"/> None		
High School Diploma				
School Name		School Street Address		
City	State or Province	Postal Code	Country	Year
College/University				
College/University Name		College/University Street Address		
City	State or Province	Postal Code	Country	
Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Received	Degree / Diploma Received	
College/University Name		College/University Street Address		
City	State or Province	Postal Code	Country	
Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Received	Degree / Diploma Received	
College/University Name		College/University Street Address		
City	State or Province	Postal Code	Country	
Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Received	Degree / Diploma Received	
College/University Name		College/University Street Address		
City	State or Province	Postal Code	Country	
Degree / Diploma Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Received	Degree / Diploma Received	

Sandia Proprietary Information
PII

Social Security Number:	Name:
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13. Personal References

Personal references are people who can provide information about your character, general reputation, personal characteristics, and mode of living. Avoid using college professors and teachers as references. List only those references that are available for contact between the hours of 9 am and 5 pm, Mountain Time. Contact your references in advance; advise them to expect a telephone call from Sandia National Laboratories. **In the fields below, list three persons over the age of 18 whom you have known for at least 2 years, not relatives or employers, whom we may contact to acquire a personal reference.**

Name	Years Known	Cell:
Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other:		Home
Home Address		Work: Ext.
City	State or Province	Postal Code
		E-Mail:
Country		Administrative Use Only / Verification Date:

Name	Years Known	Cell:
Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other:		Home
Home Address		Work: Ext.
City	State or Province	Postal Code
		E-Mail:
Country		Administrative Use Only / Verification Date:

Name	Years Known	Cell:
Relationship <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Neighbor <input type="checkbox"/> Other:		Home
Home Address		Work: Ext.
City	State or Province	Postal Code
		E-Mail:
Country		Administrative Use Only / Verification Date:

Continuation Space

Use this space below to continue answers to all other items and to provide any information you would like to add. Before each answer, identify the number of the section and try to maintain question format. If additional space is needed use blank sheets of paper and start each sheet with your name and social security number.

**Sandia Proprietary Information
PII**

Social Security Number:	Name:
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Continuation Space

14. Authorization & Certifications

Authorization to Release Information

In connection with my application to work at Sandia National Laboratories, I hereby authorize any persons or organizations having any information pertaining to my 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 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 Corporation 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 interview(s), or on this form may result in Termination.

Print Your Full Name: _____

Name (printed): _____

Signature: _____ **Date:** _____
mm/dd/yyyy

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

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

Parent or Guardian Signature: _____

Administrative Use Only:

No National Derogatory. No MVD Derogatory. No Local Derogatory. **Date:** _____

Security Clearance Verification None: **Level :** _____

Notes:

Sandia Proprietary Information
PII

Social Security Number:

Name:

CONSUMER REPORT DISCLOSURE

Because you are applying for a position that involves access to confidential or proprietary information. Sandia Corporation (Sandia) may wish to 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 will be used for the purpose of determining your eligibility for employment.
- A *consumer report* is not a report generated by Sandia in-house or information collected by Sandia employees from publicly available sources such as criminal records databases or from your employment and personal references.
- Sandia may also obtain an *investigative consumer report* (as defined by California law).
 - a. The *investigative consumer report* will be ordered from ADC LTD NM 909 Virginia St. NE, Albuquerque, NM 87108 1-800-750-3181. [<https://adcltdnm.com>]
- 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 ADC LTD NM to review or obtain all information in your file. You may request this information in person, by certified mail, or by telephone. You can have someone accompany you if you visit in person. Proper identification will be required. 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 engage you as an independent consultant / professional service provider, you will be provided with a copy of the consumer report and a summary of your rights under the FCRA before the decision is finalized. For more information about additional rights, go to 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 read this section completely.

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

Print Your Full Name:

By signing below, I, _____ acknowledge that I have read the above document entitled "Consumer Report Disclosure." I hereby voluntarily authorize Sandia and/or its agent to obtain a *consumer report* about me from a *consumer reporting agency*, which may include information about my credit worthiness, credit standing, credit capacity, or mode of living. I also authorize Sandia, to consider the report when making decisions regarding my retention with Sandia National Laboratories as an independent consultant or professional service provider.

I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Signature of Applicant: _____ Date: _____
mm/dd/yyyy

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

I request that a copy of the consumer report be provided to me.

Administrative Use Only:

No Credit History: No Credit Derogatory: Collections: _____ Late Payments 90 Days or Longer: _____

Public Records: _____ Verification Date: _____ Copy Sent To Applicant: Copy Not Required:

Notes: