

NASA IV&V Facility In-Processing Form Part 1

Information required from new employees. All fields are required and must be typed! Our office will not process this paperwork if any field is left blank.

1. Names:	
First Name	* <input style="width: 95%;" type="text"/>
Middle Name (if none, indicate "N/A")	* <input style="width: 95%;" type="text"/>
Last Name	* <input style="width: 95%;" type="text"/>
Preferred First Name	* <input style="width: 95%;" type="text"/>
Other Names Used	<input style="width: 95%;" type="text"/>
Title (if any)	* <input style="width: 95%;" type="text"/>
Full Name of Spouse(s) Including Maiden Name(s)	<input style="width: 95%;" type="text"/>

2. Personal Information:	
Date of Birth (MM-DD-YYYY)	* <input style="width: 95%;" type="text"/>
Place of Birth (City/State/Country)	* <input style="width: 95%;" type="text"/>
Social Security Number	* <input style="width: 95%;" type="text"/>
Sex (Male or Female)	* <input style="width: 95%;" type="text"/>
Citizenship	* <input style="width: 95%;" type="text"/>
U.S. Nationality No. (if applicable)	<input style="width: 95%;" type="text"/>
Alien Registration No. (if applicable)	* <input style="width: 95%;" type="text"/>
Military Serial No. (if applicable)	<input style="width: 95%;" type="text"/>

3. Home Residence Information:	
Street Address	* <input style="width: 95%;" type="text"/>
City	* <input style="width: 95%;" type="text"/>
County	* <input style="width: 95%;" type="text"/>
State	* <input style="width: 95%;" type="text"/>
Zip Code	* <input style="width: 95%;" type="text"/>
Phone Number	* <input style="width: 95%;" type="text"/>

4. Emergency Contact Information:	
Name	* <input style="width: 95%;" type="text"/>
Relationship	* <input style="width: 95%;" type="text"/>
Phone Number	* <input style="width: 95%;" type="text"/>
Address	* <input style="width: 95%;" type="text"/>
Doctor's name	<input style="width: 95%;" type="text"/>
Doctor's phone	<input style="width: 95%;" type="text"/>
Indicate any allergies, prescriptions or medications that you are currently taking	<input style="width: 95%;" type="text"/>

Continued on next page...

¹ An asterisk (*) has been denoted on several fields. These marks are used for internal purposes only.

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Part 1 cont.

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5. Installation Associations:	
If you are in-processed at any other NASA installations, indicate the following (otherwise, skip to section 6). Also, if multiple, indicate only the primary.	
Center, Facility, or Installation	
Badge Number	
Badge Expiration Date	

6. Vehicle, Residences, and Employment Information:²		
Vehicle(s) Make/Model, Year, Color, State, & License Number		
Residences in Excess of 3 Months for the Past 5 Years		
Month/Year	Number and Street	City and State
Employment for the Past 5 Years		
Month/Year	Employer	Address

Employee shall submit this form electronically to his or her employer when completed.

² Finger prints will also be required upon arrival.

NASA IV&V Facility In-Processing Form Part 2

Information required from employers. All fields are required and must be typed! Our office will not process this paperwork if any field is left blank.

1. Contract & Contractor Information:	
Contractor Name	* <input type="text"/>
If a Sub, Prime Contractor Name	* <input type="text"/>
Job Title	<input type="text"/>
Prime Contract Number	<input type="text"/>
Contract Acronym	<input type="text"/>
Expiration Date Of Contract	<input type="text"/>
Name of COTR	<input type="text"/>
Employee Start Date	<input type="text"/>
Full or Part Time	* <input type="text"/>
Permanent or Temporary Employment	* <input type="text"/>
Company/Corporate E-mail Address	<input type="text"/>

Note: The following must be coordinated between the employer and the NASA IV&V Facility O&M Manager.

2. Office Location Information:	
Outside NASA IV&V Facility	<input type="checkbox"/>
Office Name	* <input type="text"/>
Office Address	* <input type="text"/>
Office Phone Number	* <input type="text"/>
Associated Fax Number	<input type="text"/>
Within NASA IV&V Facility	<input type="checkbox"/>
Cubicle / Office Assignment	* <input type="text"/>
Associated Phone Number	<input type="text"/>
Associated Fax Number	<input type="text"/>

3. Special Resource Requests:	
Additional LAN Port/Analog Line	<input type="text"/>
Access to Network Room (#129)	<input type="text"/>
Special Keys	<input type="text"/>
VPN Accessibility	<input type="text"/>
PIV Badge Type	<input type="text"/>

4. If Supported by NASA's IT Group:	
Category of Computer:	
Category 1 - General Use	<input type="checkbox"/>
Category 2 - Productivity Use	<input type="checkbox"/>
Category 3 - Development Use	<input type="checkbox"/>

Employer shall submit both an electronic copy and a hard-copy of this completed form to the NASA IV&V Facility O&M Manager.