Sandia Proprietary Information

Social Security Number: **–** **–**	Name:
Driver's License Number:	Current Phone Number: **(** **)** **–**
State of Driver's License:	E-mail Address:

CONSULTANT PRE-PROCESSING INVESTIGATIONS

Background: Since Sandia National Laboratories is a National Laboratory concerned with national security, most Members of the Workforce, including Sandia Corporation (Sandia) employees, contractors and consultants, are required to hold a security clearance. These are known as "Q" or "L" clearances. The U.S. Department of Energy (DOE) handles the processing of applications and any investigations, and issues the clearance.

Sandia is also required to perform certain pre-employment background investigations, which includes checking personal references, criminal history, credit, local law enforcement records, and previous employment/educational background.

Instructions: The information you provide in this application will be used to obtain background checks and will not be used for any other purpose. To facilitate processing, please provide complete and accurate information in all blanks. TYPE OR PRINT IN INK. Add sheets if necessary. If you have any questions, please contact 844-8902, interoffice or 1-800-417-2634, ext. 844-8902. Upon completion fax to (505)-284-0595 or mail forms to Sandia National Laboratories P.O. Box 5800 MS1475,

1. **Are you a U.S. citizen?** ☐ Yes ☐ No	If no, Of what country are you a citizen?
2. **Do you hold dual citizenship?** ☐ Yes ☐ No	If yes, what is your dual citizenship?
3. **Have you ever held a security clearance?** ☐ Yes ☐ No	If yes, what federal agency granted the clearance and what was the level? (DOE, DoD, etc.).
4. **Have you ever been convicted of a crime?** (Convictions will not be an absolute bar to employment.) ☐ Yes ☐ No	If yes, explain.
5. **Are you currently required to register as a sex offender?** ☐ Yes ☐ No	If yes, explain.
6. **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 drug?** ☐ Yes ☐ No	If yes, provide date of last use and what was used.
7. **Have you ever been discharged or asked to resign from a position?** ☐ Yes ☐ No	If yes, give employer's name, address, dates of employment and describe the circumstances.
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?** ☐ Yes ☐ No	If yes, please furnish the details.

9. **By what other names are you known or have been known in the past?**

10. **Date of Birth** **/ /**	**Place of Birth** (City and State or Province)	**Country**

11. Residences
Please fill in your addresses for the past 5 years, starting with your current address. Add additional sheets if necessary.

Current Address
If your current address is a school address, please list here and put permanent home address below.

Street Address

City		State or Province	Postal Code

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Social Security Number: – –	Name:

Residence History

Month/Year / to Month/Year /	Street Address		
City		State or Province	Postal Code

Month/Year / to Month/Year /	Street Address		
City		State or Province	Postal Code

Month/Year / to Month/Year /	Street Address		
City		State or Province	Postal Code

12. Employment, Unemployment, Military, Student Status for the last three years

Regardless of employment status, please complete time periods. Please 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 an "N/A" in blocks that do not have information in them. Add additional sheets if necessary by photocopying this form. If gaps in time occur, delays will occur in the pre-employment investigation and in turn delay a potential start date.

May we contact your current employer?

☐ Yes   If yes, please indicate a time:
    ☐ Any
    ☐ Other – please specify _____

T
☐ No

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

Employer/Verifier Name or Military Duty Location			Supervisor's Name
Month/Year / to Month/Year /	Full or part time? ☐ Full time ☐ Part time		Your Position Title/Military Rank
Employer's/Verifier's Street Address			
City	State or Province	Postal Code	Supervisor's/Verifier's Telephone Number ( ) –

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

Employer/Verifier Name or Military Duty Location			Supervisor's Name
Month/Year / to Month/Year /	Full or part time? ☐ Full time ☐ Part time		Your Position Title/Military Rank
Employer's/Verifier's Street Address			
City	State or Province	Postal Code	Supervisor's/Verifier's Telephone Number ( ) –

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

Employer/Verifier Name or Military Duty Location			Supervisor's Name
Month/Year / to Month/Year /	Full or part time? ☐ Full time ☐ Part time		Your Position Title/Military Rank
Employer's/Verifier's Street Address			
City	State or Province	Postal Code	Supervisor's/Verifier's Telephone Number ( ) –

Sandia Proprietary Information

Status for this time period: ☐ Employed ☐ Unemployed ☐ Military ☐ Student

Employer/Verifier Name or Military Duty Location			Supervisor's Name	
Month/Year Month/Year **/** to **/**	Full or part time? ☐ Full time ☐ Part time		Your Position Title/Military Rank	
Employer's/Verifier's Street Address				
City	State or Province	Postal Code	Supervisor's/Verifier's Telephone Number **(　　)　　–**	

13. Education

Complete the following section by filling in all blanks. If not applicable, enter N/A. The high school education information is required. The college attendance information is required if you have attended in the last five years. Use additional sheets if necessary.

High School/Street Address				
City	State or Province	Postal Code	Year Diploma Received	
College/Street Address				
City	State or Province	Postal Code	Year Diploma Received	
Field of Study	Degree/Diploma ☐ Yes ☐ No		Type of Degree/Diploma	
College/Street Address				
City		State or Province		Postal Code
Field of Study	Degree/Diploma ☐ Yes ☐ No		Type of Degree/Diploma	

14. Personal References

List two 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	Known how long?	Telephone Number
		Home: **(　　)　　–**
Street Address		Work: **(　　)　　–**
City	State or Province Postal Code	Country

Name	Known how long?	Telephone Number
		Home: **(　　)　　–**
Street Address		Work: **(　　)　　–**
City	State or Province Postal Code	Country

15.

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 my credit record and 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.

Signature Certification and Authorization

I certify that the information on this document is correct and complete to the best of my knowledge and belief. In the event of employment, 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 discharge. I am also authorizing the release of information by Sandia Corporation to any party for the purpose of verifying the information I have provided.

Note: If applicant is under the age of 18, a parent or guardian must sign below.

Name (printed): _____

Signature: _____   Date: __/__/____

Parent or Guardian Signature (if applicant is under 18): _____