



## Security Questionnaire

### PART A

Individuals who will hold and maintain security clearances at Lawrence Berkeley National Laboratory (LBNL) are required to complete this questionnaire. A background investigation will be conducted through Protective Services on each individual requesting a security clearance. The information you provide will be used to conduct this investigation.

**Answer all questions completely and truthfully, paying close attention to Question 3, A through I. Include any out-of-state charges or convictions. Failure to do so could result in a DENIAL of your security clearance.**

On part A, page 4, please read the section titled "Certification" carefully. You may be subject to a search of your personal property or vehicle while entering, working on, or leaving LBNL property.

Thank you.

Protective Services

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### Notice Regarding Prohibited Articles

The following articles are not permitted on LBNL property:

- **Firearms or other weapons;**
- **Explosives or incendiary devices;**
- **Illegal or unlawfully possessed drugs;**
- **Alcoholic beverages;**
- **Poisonous or corrosive solids, liquids, or gases;**
- **Any other items prohibited by law.**

NOTE: Privately owned cameras may be taken on site but may not be used to monitor people or property or to record or video stream on Laboratory-owned, -leased, or -controlled property of facilities for security, identification, investigation, safety, fire detection, emergency management, traffic management, and/or wildlife management purposes.

All packages, briefcases, handbags, and vehicles are subject to an inspection to prevent the introduction of these items onto LBNL grounds or facilities or unauthorized removal of LBNL property.

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I have read the above and understand it. I hereby acknowledge that I shall be subject to a search of my personal property or vehicle for prohibited articles while on LBNL property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
1st Update Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Update Signature

\_\_\_\_\_  
Date



Please type or print using ink. If additional space is needed, use the "Comments" section Part A, Page 4. If any information requested is not applicable, write N/A.

**1. PERSONAL INFORMATION**

Name (Last, First, Full Middle)						Social Security No.*	
Present Address From: To: Present		Street Address:		City:	County (US Only):	State or Country:	Zip:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color	Eye Color	Height	Weight	List Driver's License No <input type="checkbox"/> or ID Card No. <input type="checkbox"/>	State Issued:	Exp. Date:
Birthdate (mm/dd/yyyy)	Birth Place	City	State	Country			
If not born US, was mother or father a US Citizen at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No				Citizenship <input type="checkbox"/> US <input type="checkbox"/> Other <input type="checkbox"/> Dual Citizenship		Other Country Citizenship(s)**	
If Naturalized, Certificate No.***		Date Naturalized (mm/yyyy)	Where Issued	City	State		
Passport No.		Expiration Date	Country Issued				

Home Telephone No.	Business Telephone No.	Email Address
Emergency Contact Name	Telephone No.	Relationship

List all addresses for the past three (3) years beginning with the most recent. All periods must be accounted for in your list. All residences outside the United States must be included in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address. If additional space is needed, please use the "Comments" section Part A, Page 4.

If your present address has not changed in three (3) or more years, check here .....

From mm/yyyy	To mm/yyyy	Number and Street	City	County (US only)	State or Country	Zip

Marital Status/domestic partner <input type="checkbox"/> Married <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	If married, list your maiden name
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List all other names by which you are presently or previously known. If additional space is needed, please use "Comments" section Part A, Page 4.

Name	From (mm/yyyy)	To (mm/yyyy)	Name	From (mm/yyyy)	To (mm/yyyy)

\* Pursuant to the Federal Privacy Act of 1974, you are notified that disclosure of your Social Security Number is mandatory and will be used to verify your identity. This disclosure of your Social Security Number is required by Department of Energy regulations and is authorized by Federal statute.

\*\*If you are a citizen of another country or have dual citizenship you will be required to renounce your other citizenship before a DOE L or Q clearance will be granted.

\*\*\*A certificate number is required for individuals whose US citizenship is by Naturalization. A valid U.S. Passport or Naturalization Certificate is required as proof of Citizenship.

## 2. EMPLOYMENT

List all employment for the past three (3) years beginning with the most recent. Include all full-time work, part-time work, military service, self-employment, and all periods of unemployment. THE ENTIRE 3-YEAR PERIOD MUST BE ACCOUNTED FOR WITHOUT BREAKS. If full-time student please list as unemployment. If additional space is needed, please use "Comments" section Part A, Page 4.

Name of Current Employer (If unemployed, please indicate)		Supervisor	Telephone No.
Street Address of Job Location	City	State	Zip
Employment Dates Starting (mm/yyyy) _____	To Present	Job Title	
Reason for Leaving			
LBNL Contact	LBNL Worksite Location		LBNL Contact or Worksite Ext

If your present employment has not changed in three (3) or more years, check here .....

Name of Employer		Supervisor	Telephone No.
Street Address of Job Location	City	State	Zip
Employment Dates Starting (mm/yyyy) _____	Ending (mm/yyyy) _____	Job Title	
Reason for Leaving			

Name of Employer		Supervisor	Telephone No.
Street Address of Job Location	City	State	Zip
Employment Dates Starting (mm/yyyy) _____	Ending (mm/yyyy) _____	Job Title	
Reason for Leaving			

Name of Employer		Supervisor	Telephone No.
Street Address of Job Location	City	State	Zip
Employment Dates Starting (mm/yyyy) _____	Ending (mm/yyyy) _____	Job Title	
Reason for Leaving			

2.b Have you ever been discharged or asked to resign from a position? If yes, give employer name, address, and date of employment and describe circumstances. Do not list any separation of employment due to company lay-off. ....  Yes  No

Employer	Address	Start Date	End Date	Circumstance

**3. SECURITY INFORMATION**

A. Have you EVER been convicted of:

- 1. Any felony or misdemeanor (for this specific response, ignore marijuana offenses)?.....  Yes  No
- 2. Any felony or misdemeanor for selling, or possessing with intent to sell, or cultivating marijuana?.....  Yes  No
- 3. Any marijuana felony or misdemeanor within the last 2 years?.....  Yes  No

B. Are there any charges pending against you for ANY criminal offense?.....  Yes  No

C. In the last seven (7) years, have you been convicted of ANY offense(s) not listed in response A–C above? Include all court martials, non-judicial military punishment, any driving under the influence charges, etc. (Exclude marijuana offenses from this specific response).....  Yes  No

D. Are you currently required to register as a Sex Offender pursuant to California Penal Code Section 290?.....  Yes  No

E. Are you currently on parole or probation (if yes, please provide type)? .....  Yes  No

If you answered YES to question A through C above, complete each of the columns below for each case. If you answered NO to all three questions, write "NONE" in each column.

Approximate Date	Charge	City/County and State Where Arrested - Name of Law Enforcement Agency	Action Taken (Disposition)

F. Are you now using, or in the last seven (7) years have you used or experimented with, any narcotic, hallucinogen, stimulant, depressant, or hashish? If yes, provide date of last use and what was used.....  Yes  No

Date of Last Use (mm/yyyy)	What was Used	Date of Last Use (mm/yyyy)	What was Used

G. Have you ever been treated for drug or alcohol abuse (exclude court ordered, pretrial or post trial diversion programs)? If yes, provide date(s) of treatment and full explanation (use the "Comments" section Part A, Page 4).....  Yes  No

Date of Treatment (mm/yyyy)	Type of Treatment	Date of Treatment (mm/yyyy)	Type of Treatment

H. Are you now, or have you ever been, a member of any organization or group of persons, which advocated or taught that the Government of the United States, or any State, should be overturned by force, violence or any unlawful means? .....  Yes  No

I. To your knowledge, have you ever had your security clearance or access denied, suspended or revoked by any department or agency of the Federal Government? If yes, give name of employer, date and circumstances.....  Yes  No

Employer	Address	Dates of Employment (mm/yyyy)	Circumstance

**4. COMMENTS: Use the space below to continue answers to any of the preceding questions.**

**CERTIFICATION**

I have read all of the above questions. I certify that the information furnished in answer to these questions is correct and complete to the best of my knowledge and belief and I understand that it is of great importance in the consideration of my eligibility for a security clearance. I make this statement with the understanding that it will be used by LBNL in carrying out its duty to protect the National Security, and with the knowledge that any false statement or omission of material fact may be sufficient cause for rejection of my application for access, or cancellation of access granted to me under or in connection with Government Contract DE-AC02-05CH11231.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
1<sup>st</sup> Update Signature Date

\_\_\_\_\_  
2<sup>nd</sup> Update Signature Date



Lawrence Berkeley  
National Laboratory

# Authority to Conduct Background Investigation and Release Information and Records

## LBNL Employee

I authorize Lawrence Berkeley National Laboratory (LBNL), or its duly authorized agent, to conduct a preliminary background investigation in accordance with Department of Energy (DOE) requirements. This will include verification of education and employment, credit checks, interviews of references, criminal history checks, and such other investigation as is determined appropriate by LBNL to satisfy DOE requirements.

I request and authorize all persons who may have information relevant to this preliminary investigation to disclose such information as may be requested to LBNL or its agent. I further authorize its agent to submit such information, copy or abstract, directly to LBNL to become part of its records. I release all persons and/or organizations providing such information to LBNL or its agent from any liability on account of such disclosure.

I agree and understand that a photocopy of this authorization may serve as an original.

**Print Full Name:**

\_\_\_\_\_

**Social Security Number\*:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Pursuant to the Federal Privacy Act of 1974, you are notified that disclosure of your Social Security Number is mandatory and will be used to verify your identity. This disclosure of your Social Security Number is required by Department of Energy regulation and is authorized by Federal Statute.



Please type or print using ink. If additional space is needed, use the "Comments" section Part B, Page 3. If any information requested is not applicable, write N/A.

**1. EDUCATION AND TRAINING**

List schools you have attended, beginning with the most recent. Include high school, business, technical, military, professional, college, or university. List all college or university degrees and the dates received regardless of when they were awarded. If you have a degree in progress, check the IP box. If no degree was received, check the ND box.

Indicate the highest grade completed:  8  9  10  11  12  GED College  1  2  3  4  5  6  7  8

From (mm/yyyy)	To (mm/yyyy)	Diploma/Bachelors/Masters/Doctorate/Other (please circle one)	Awarded (mm/yyyy)	Major	Status <input type="checkbox"/> IP <input type="checkbox"/> ND
Name of School		Address		City	State Zip
From (mm/yyyy)	To (mm/yyyy)	Diploma/Bachelors/Masters/Doctorate/Other (please circle one)	Awarded (mm/yyyy)	Major	Status <input type="checkbox"/> IP <input type="checkbox"/> ND
Name of School		Address		City	State Zip
From (mm/yyyy)	To (mm/yyyy)	Diploma/Bachelors/Masters/Doctorate/Other (please circle one)	Awarded (mm/yyyy)	Major	Status <input type="checkbox"/> IP <input type="checkbox"/> ND
Name of School		Address		City	State Zip
From (mm/yyyy)	To (mm/yyyy)	Diploma/Bachelors/Masters/Doctorate/Other (please circle one)	Awarded (mm/yyyy)	Major	Status <input type="checkbox"/> IP <input type="checkbox"/> ND
Name of School		Address		City	State Zip
Name(s) as shown on any degree received					

**2. PROFESSIONAL/TECHNICAL LICENSE AND CERTIFICATES**

List all relevant licenses and certificates if required for the position.

Title of License/Certificate	Number	Expiration Date (mm/yyyy)	Issuing Agency (include location)	Telephone No.

**3. CLEARANCE HISTORY**

Do you have any previous clearances granted by DOE, DOD or any other government agency? If yes, list below..... Yes  No

Type of Clearance	Clearance No., if known.	Where Granted	From (mm/yyyy)	To (mm/yyyy)	Still Active?	
					Yes	No

Do you currently have a security clearance application in progress? If yes, give the name and location of the agency/company. Yes  No

Employer	Address	Date of Employment (mm/yyyy)	Circumstance

#### 4. MILITARY HISTORY

Did you serve in the military? If yes, describe below. Attach a separate sheet if necessary. ....  Yes  No

From (mm/yyyy)	To (mm/yyyy)	Branch	Service Number	Reserve Status
Rank at Entry	Rank at Discharge	Type of Discharge		
Place of Discharge		<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Bad Conduct
		<input type="checkbox"/> Under Honorable	<input type="checkbox"/> Medical	<input type="checkbox"/> Dishonorable
		<input type="checkbox"/> Conditions	<input type="checkbox"/> Undesirable	<input type="checkbox"/> Other _____

#### 5. FOREIGN RESIDENCE

Have you resided in a country outside of the United States in the last five (5) years?

If yes, provide the location(s) and dates below. ....  Yes  No

City and Country	From (mm/yyyy)	To (mm/yyyy)	City and Country	From (mm/yyyy)	To (mm/yyyy)
City and Country	From (mm/yyyy)	To (mm/yyyy)	City and Country	From (mm/yyyy)	To (mm/yyyy)

#### 6. RELATIVE

Any living relatives born or presently residing in a country other than the UNITED STATES? If yes, give full names and enter the corresponding number below. Attach a separate sheet if necessary. ....  Yes  No

- |  |                |                           |                   |                    |
|--|----------------|---------------------------|-------------------|--------------------|
| 1 – Spouse                             | 5 – Mother     | 9 – Foster Parent         | 13 – Sister       | 17 – Half-sister   |
| 2 – Former Spouse                      | 6 – Father     | 10 – Child (adopted also) | 14 – Stepbrother  | 18 – Father-in-Law |
| 3 – Registered Domestic Partner        | 7 – Stepmother | 11 – Stepchild            | 15 – Stepsister   | 19 – Mother-in-Law |
| 4 – Former Registered Domestic Partner | 8 – Stepfather | 12 – Brother              | 16 – Half-brother | 20 – Guardian      |

Name	Code	Date of Birth	Country of Birth	Present Country of Citizenship	Email Address	Current Residence (City, Country)

#### 7. REFERENCES

List at least five (5) personal references. Include only references that can be contacted immediately, have known you for a minimum of one (1) year and with whom you have had contact within the last year. Do NOT include spouse, former spouse, other relatives or supervisors or former supervisors already listed in the employment section of this form.

Name	Email Address	Day Telephone No.	Evening Telephone No.	Relationship

#### 8. COMMENTS: Use the space below to continue answers to any of the preceding questions.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source must also advise national CRAs—to which it has provided the data—of any error) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.**
- **Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance.** Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.



The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

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CRA's, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center - FCRA  
Washington, DC 20580 202-326-3761

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National banks, federal branches/agencies of foreign banks  
(word "National" or initials "N.A." appear in or after banks  
name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
  
Washington, DC 20219 800-613-6743

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Federal Reserve System member banks (except national  
banks, and  
federal branches/agencies of foreign banks)

Federal Reserve Board  
  
Division of Consumer & Community  
Affairs  
Washington, DC 20551 202-452-3693

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Savings associations and federally chartered savings banks  
(word "Federal" or initials "F.S.B." appear in federal institution's  
name)

Office of Thrift Supervision  
Consumer Programs  
  
Washington, DC 20552 800-842-6929

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Federal credit unions  
(words "Federal Credit Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-518-6360

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State chartered banks that are not members of the Federal  
Reserve  
System

Federal Deposit Insurance Corporation  
  
Division of Compliance & Consumer  
Affairs  
Washington, DC 20429 800-934-FDIC

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Air, surface, or rail common carriers regulated by former Civil  
Aeronautics  
Board or Interstate Commerce Commission

Department of Transportation  
  
Office of Financial Management  
Washington, DC 20590 202-366-1306

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Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250 202-720-7051

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