

Employment Experience

List your employment experience starting with your present or most recent job. Continue listing all jobs held in previous five years or to age 18, whichever is less. Include military service if within the period requested. Account for all time including periods of unemployment.

Satisfactory to Contact Present Employer? No Yes
 Are They Aware of Application? No Yes

Employment					
Company		Date Hired (M/D/Y)	Terminated	Reason for Leaving	
Address		City	County	State	Zip
Title		Site/Plant		Supervisor	
Unemployed Between Jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
From (M/D/Y)		To (M/D/Y)	Reason	Name/Phone No. of Person Who Can Verify	
Employment					
Company		Date Hired (M/D/Y)	Terminated	Reason for Leaving	
Address		City	County	State	Zip
Title		Site/Plant		Supervisor	
Unemployed Between Jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
From (M/D/Y)		To (M/D/Y)	Reason	Name/Phone No. of Person Who Can Verify	
Employment					
Company		Date Hired (M/D/Y)	Terminated	Reason for Leaving	
Address		City	County	State	Zip
Title		Site/Plant		Supervisor	
Unemployed Between Jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
From (M/D/Y)		To (M/D/Y)	Reason	Name/Phone No. of Person Who Can Verify	
Employment					
Company		Date Hired (M/D/Y)	Terminated	Reason for Leaving	
Address		City	County	State	Zip
Title		Site/Plant		Supervisor	

Military Service None

Branch of Service	Dates (Month/Year)		Grade/Rank at Discharge	Type of Discharge	Base Assigned To
	From	To			

Education

Indicate all periods of schooling. List most recent school first.

Indicate if records are under another name. (Name) _____

Name and Address of High School, Colleges or Other Schools (Specify Whether High School, Colleges or Trade Schools)	Degree Received or Expected (If App.)		Graduated		Major Field	Number of Credits	Date of Attend. (Month/Year)	
	Degree	Date	Yes	No			From	To

GED? Yes No Date Obtained _____

Location: School, City, State _____

Background References

List four persons who are qualified to vouch for your character. Only list individuals who have known you well for at least five years. Do not include relatives or former employers.

Name	Home Address	Occupation and Employer	Phone No.
			Business:
			Home:
			Business:
			Home:
			Business:
			Home:
			Business:
			Home:

Additional Information

Do you have a valid driver's license? Yes No State _____ License No. _____

If issued for less than one year, list previous driver's license number and state. State _____ License No. _____

List all states where you have had a driver's license in the past five years. _____

Have you ever been convicted of a felony or any drug or alcohol related offense? Yes No

If yes, what offense, when, where (city, state)? _____

I Agree To and Understand the Following:

1. In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.
2. 18 United States Code 1001 — STATEMENTS OR ENTRIES GENERALLY
Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact or makes or uses any false writing or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.
3. I understand that this is not an employment application and the information provided in this form will be used for the purpose of conducting a background investigation for nuclear access.
4. I certify that all statements made by me are true and correct to the best of my knowledge and belief, and agree that if employed, any misrepresentation, falsification or omission of facts thereon, shall justify disciplinary action, up to and including immediate dismissal.

Date _____ Signature _____

Authority to Release Information and Records (Please Print Clearly)

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a School (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic or Sanitarium; or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, _____, hereby authorize

- Savannah River Nuclear Solutions
- Savannah River Remediation

or its duly authorized representative to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to SRNS or SRR or their duly authorized representatives, and I release SRNS or SRR and all duly authorized representatives providing information to SRNS or SRR or their duly authorized representatives from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include undeleted DD Forms 214 and drug/alcohol related information. I do further authorize the designated background investigative contractor to submit such information, copy or abstract, directly to SRNS or SRR to become part of their records. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Date _____ Signature _____

Other Name(s) Used (Past or Present)* _____

Address _____

Social Security Number _____ Date of Birth* _____

Branch of Service _____

Grade or Rank _____ Service Number _____

Dates of Service: From _____ To _____

- Discharged
- Retired
- On Active Duty

Any Reserve Obligation? Active _____ Inactive _____

**Provided for Reasons of Positive I.D.*