

PERSONAL HISTORY QUESTIONNAIRE
(PHQ) AND SELF-DISCLOSURE INSTRUCTIONS

All information provided would be treated as PERSONAL-CONFIDENTIAL and observed only by persons with an authorized NEED-TO-KNOW.

KEEP DO NOT RETURN

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the nuclear power plant (NPP) to which you are applying for unescorted access authorization requires that you consent to undergo a background screening process. The purpose of the screening process is to determine your trustworthiness and reliability to work within the protected and vital areas of a NPP. Information from this form will be used to conduct a background investigation for access authorization purposes only, as required by the NRC.

You must provide all information requested in a complete and accurate manner. Providing deliberate or willful misleading statements to any NPP with the intent to gain access is a **violation of Federal Regulations**. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Failure to report and list reasons for any previous suspension, revocation or denial of unescorted access to a NPP or other entity subject to either the NRC access authorization or FFD regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected the plant is required to advise the NRC. The NRC may investigate you and if appropriate, criminal and civil sanctions may be imposed against you. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

The facts concerning your criminal history or fitness-for-duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is therefore required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources. All information requested is needed for the purpose established by NRC regulation or order. Results of the investigation will be available as specified in your signed Consent form, to entities authorized by the NRC pursuant to unescorted access authorization programs. In some of the sections of the PHQ you are required to provide your personal information; in other sections you will be required to acknowledge that you understand certain on-going requirements or personal responsibilities.

INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY QUESTIONNAIRE:

- Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access (UA) at a nuclear power plant (NPP).
 - Use Ink Only No PHQ completed in Pencil or those that contain white out will be accepted.
 - Please print the specific answers to all questions and requests for information.
 - Line out and initial mistakes.
 - Write "**None**" or "**N/A**" when the question is not applicable.
 - Some questions are followed by requests for additional data.
 - Enter all **dates in the format month, day and two-digit year (MM/DD/YY)**.
 - After completing the PHQ, please take the time to review the questionnaire to ensure there are no omissions.
-

KEEP- DO NOT RETURN

A Summary of Your Rights Under the Fair Credit Reporting Act

(Para informacion en espanol, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.)

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Rm 130-a, Federal Trade Commission, 600 Pennsylvania Ave NW Washington D.C. 20580

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743 |
| 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 |
| 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 Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| 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 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator – GIPSA Wash, DC 20250 |

DATE HIRED _____

PERSONAL INFORMATION (PHQ)

ATTACHMENT 3

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME OR OTHER NAMES USED

SOCIAL SECURITY NUMBER GENDER HEIGHT WEIGHT EYE COLOR HAIR COLOR

BIRTH DATE DRIVERS LICENSE # EXP DATE PLACE OF BIRTH

PERMANENT RESIDENCE: STREET ADDRESS CITY STATE ZIP CODE (Do not use PO Box)

PHONE NUMBER (S) HOME CELL

BUSINESS AGENT NAME & TELEPHONE NUMBER CRAFT LOCAL #

Are you a United States Citizen YES NO

In the past three (3) years or since you last held access, Have you served in the military? (do not include Reserve Duty) YES NO

In the past five (5) years were you enrolled, (with education as your primary activity,) in an educational institution in lieu of employment? YES NO

In the past three (3) years or since you last held access, Have you been fired or unfavorably terminated? If yes, How many times? (this should include your last nuclear access) YES NO

Are you currently on parole or probation? YES NO

I have received a copy of attachment 1 and 2 (PHQ instructions and Fair Credit rights) I have read & understand them, and I acknowledge the purpose of the PHQ. The information I have provided on entire PHQ is accurate and correct.

SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE!! continue to next page.

INITIALS / DATE BY MY INITIALS, I CERTIFY THAT I HAVE REVIEWED THE PHQ

INITIALS / DATE BY MY INITIALS, I CERTIFY THAT I HAVE VIEWED A VALID PHOTO ID.

Table with 3 columns: BI COMPANY INFORMATION, TYPE OF INVESTIGATION, BILL TO. Rows include PHQ SUBMITTED TO, NUMBER OF PAGES IN PHQ, DATE PHQ FAXED, and investigation options like INITIAL, 3 YEAR, 5 YEAR.

ATTACHMENT 3 – PERSONAL INFORMATION (PHQ)

FAIR CREDIT REPORTING ACT

DISCLOSURE AND AUTHORIZATION STATEMENT

For the purpose of evaluating my application for unescorted access authorization, I understand that Day and Zimmermann, NPS (DZNPS) may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background record, and/or mode of living.

I understand that upon written request to DZNPS, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I am authorizing DZNPS to obtain a consumer or investigative consumer report on me as part of the Company's screening process for unescorted access authorization. During the period in which I retain access authorization, I further authorize the Company to obtain additional consumer or investigative consumer reports on me to evaluate my trustworthiness and reliability for purposes of determining continued unescorted access authorization.

By my signature below, I also acknowledge that DZNPS has provided me with a summary of my rights under the federal Fair Credit Reporting Act (attached copy prepared by the Federal Trade Commission).

I have read and understand this Consent and authorize DZNPS to take such actions as are described herein.

Applicant's Printed Name

Social Security Number

Applicant's Signature

Date Signed

(Note: The summary of your rights under the Federal Fair Credit Reporting Act (ATTACHMENT 1A), prepared by the Federal Trade Commission is attached. Please detach the ATTACHMENT 2A (2 pages) and keep for your records.

Notice to the Background Investigative Agency:

Day and Zimmermann, NPS wishes to obtain a consumer report and or investigative report on the above named individual.

DZNPS has advised the individual that we will obtain such report(s) to determine his/her eligibility for unescorted access authorization and has obtained his/her written consent. Information from any such reports(s) will not be used in violation of any applicable Federal or State Equal Employment Opportunity Law or Regulation. If adverse action is taken based on the consumer report, a copy of the report and a summary of the applicant's rights will be provided to the individual.

DZNPS has advised the individual in writing that, in connection with his or her application for unescorted access authorization, DZNPS may request that your agency prepare an investigative consumer report.

DZNPS has advised the individual of the right to obtain additional disclosures under the law, as well as his or her rights under the Federal Fair Credit Reporting Act. Should the individual request additional disclosures from DZNPS, we will comply with such disclosure requests in accordance with applicable law.

ATTACHMENT 4-- FAIR CREDIT REPORTING ACT

CONSENT

Day & Zimmermann NPS/ FENOC has my consent to obtain, retain and transfer information necessary to determine whether to grant me unescorted access to a nuclear power plant and to allow me to maintain such access. The Nuclear Regulatory Commission requires that this information be used in determining that an individual is trustworthy, reliable, and fit-for-duty prior to granting and while maintaining unescorted access. I understand that the results of this determination will be accessible for use by all power reactor licensees.

Certain actions are sufficient cause for denial or unfavorable termination of UAA/UA.

You must provide all information requested in a complete and accurate manner. Providing deliberate or willful misleading statements to any NPP with the intent to gain access **is a violation of Federal Regulations**. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Refusal or Failure to report and list reasons for any previous suspension, revocation or denial of unescorted access to a NPP or other entity subject to either the NRC access authorization or FFD regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected the plant is required to advise the NRC. The NRC may investigate you and if appropriate, criminal and civil sanctions may be imposed against you. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

I understand that refusal to provide signed consent for the background investigation which includes the suitable inquire and the sharing of personal information with other licensees or contractor / vendor are sufficient cause or denial or unfavorable termination of UAA/UA status.

I understand that the information requested, produced and retained may include any or all of the following topics: verification of identify, self-disclosure data, employment/unemployment history (including military service and/or education in lieu of employment), criminal history, credit history, character references, residences, and fitness-for-duty history.

I understand that the domestic commercial nuclear power industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information (including withdrawal of consent)necessary to process applications of workers for unescorted access to nuclear power plants. I further understand that this system is intended to permit nuclear power reactor licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any power reactor licensee by retaining certain access information in a central computer database.

I understand that the information may be transferred, electronically or otherwise, to other licensees and contractor/vendors or the agents of each. This information may include, but is not limited to name and social security number, demographics, dates when any of the following are completed: background investigation, psychological evaluation, fitness for duty testing, suitable inquiry checks, FBI criminal history, dates when unescorted access has been authorized or terminated, dates of any denial of access and the company holding the relevant information, dates associated with FFD follow-up testing, radiation exposure, respiratory equipment qualification/fit testing, medical qualification for respirator use, data concerning training required for unescorted access and work qualifications and direction to seek additional information directly from another licensee.

I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided in the above paragraph), whether or not such information is included in the PADS database, to release any such information in order to perform the investigation and evaluation required for unescorted access.

I authorize the entry into the PADS computer database any information collected for the purpose of processing my application for, or continued maintenance of, unescorted access. I authorize the transfer of such information, electronically or otherwise, to other nuclear licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for unescorted access to a commercial nuclear plant.

I understand that information obtained pursuant to this Consent shall be treated as confidential. The release of access-related information about me shall be limited to regulatory agencies and such personnel of nuclear utilities and their contractors/vendors who have been designated as having a "need to know" the information in order to do their jobs.

I understand that when not in use, the written information is stored in a secure environment at Davis Besse Nuclear Power Plant. Some of the information may be placed in an electronically secure database. I understand that all information about me will be maintained as securely as reasonably practicable for a period of at least 5 years after unescorted access is last terminated.

CONSENT (continued)

I understand that, upon my written request to Day & Zimmermann NPS, and at no cost to me, I will be provided, within 10 working days, with a printed copy of the information about me. I understand that I have the right to review and obtain this information, to assure its accuracy and completeness. If, after my review of such information, I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as is reasonably practical.

I understand that at any time and upon written notice to Day & Zimmermann NPS, I may withdraw this Consent, but this will also constitute a withdrawal of my request for access. I understand that any processing activities that were initiated before receipt of my withdrawal of consent shall continue and the resulting information will be retained in the database. No new inquiries shall be initiated after receipt of my withdrawal of consent. PADS participants are only permitted to retrieve my name, date of birth, identification number, and the fact that my consent has been withdrawn, thereafter unless I provide a currently valid Consent or it is required by NRC regulation.

I understand that I will be provided the basis for denial or revocation of UAA/UA. I also understand that I will have the opportunity to provide any additional information. In addition, I understand that I will be provided the opportunity to have the decision, together with any additional information, reviewed by another designated management level employee of the licensee who is equivalent or senior to and independent of the individual who made the initial decision to deny or terminate unfavorably my UAA/UA. Further, I understand that the determination from this review is final.

I hereby release Day & Zimmermann NPS, other PADS participants, NEI, and the officers, employees, representatives, agents, and records custodians of each as well as the officers, employees, representatives, agents, and records custodians of any entity or individual supplying or using such information from any and all liability based on their authorized receipt, disclosure, or use of the information obtained pursuant to this Consent and to determine my eligibility for unescorted access.

I understand that this Consent is not intended to and does not affect any right or responsibility that employer Day & Zimmermann, NPS may have under Section 211 of the Energy Reorganization Act of 1974, as amended. I further understand that nothing herein (1) affects my right or my responsibility to bring potential safety concerns to my employer, Day & Zimmermann NPS, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.

I have read and understand this Consent and authorize Day & Zimmermann NPS to take such actions as are described herein or specified by PADS procedures. While I understand that unescorted access is dependent upon my accepting the regulatory requirements of this program, the statements made by me in this Consent and my decision to sign this Consent are voluntary. The statements were not induced by any promise nor have I been subjected to any threat, duress or coercion to sign this Consent.

I certify that I have read and understand the Consent and further, I grant my consent.

PRINT NAME

SSN

SIGNATURE

DATE

NOTIFICATION OF RESPONSIBILITY TO REPORT ARRESTS

ATTACHMENT 6

NOTIFICATION OF RESPONSIBILITY TO REPORT ARRESTS

Federal Regulations require that individuals applying for and who have been granted Unescorted Access Authorization at Nuclear Power Plants report arrest(s). An arrest will be judged based upon its potential to impact upon your trustworthiness. This is part of the Behavioral Observation Program.

I understand that I must report any arrests or similar situations from the time I apply for and throughout the period I hold unescorted access. I understand that it is my responsibility, under the Behavioral Observation Program (BOP), to report any arrest to my supervisor, or to the Nuclear Access Authorization Administrator or Company Designee prior to reporting to work and in no case, not later than 48 hours following the incident. I understand that an evaluation will be made regarding the impact of the arrest on my unescorted access authorization.

I understand that examples of such situations include, but are not limited to being arrested, incarcerated, a summons to appear in court, court order, or if I am under investigation by any law enforcement agency. If at anytime there is a doubt as to whether the situation should be reported, I understand that it is in my best interest to report the circumstances to the appropriate personnel as previously outlined. I understand that failure to report an arrest and or situation as required may result in suspension of unescorted access authorization and disciplinary action.

I must also report any legal actions from the time I complete this PHQ until I am certified UAA or granted UA. An evaluation will be made regarding the impact of the legal action on my UAA?UA. The determination of what constitutes a legal action is a matter of state law but, in general, the term legal action means:

Taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance this includes felony, misdemeanor, serious traffic offenses, serious civil Charges or military charges but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when the individual was not taking physically taken into custody, and includes: **(1) the use, sale or possession of illegal drugs; (2) the abuse of legal drugs or alcohol; or the refusal to take a drug or alcohol test.**

For Example, **(but not limited to)**
DUI'S, Reckless Operations, Failure to Control, are all things that SHOULD be Reported.

By my signature below, I certify that I have read this notification and understand my obligation to report arrests.

PRINT NAME

SSN

SIGNATURE

DATE

ATTACHMENT 6 – NOTIFICATION OF RESPONSIBILITY TO REPORT ARREST

PROVIDING FALSE OR DELIBERATE MISLEADING STATEMENTS OR OMISSIONS OF FACTS WILL BE SUFFICIENT GROUNDS FOR DENIAL OF UNESCORTED ACCESS

The Nuclear Regulatory Commission requires that the company investigate your previous employment history and make inquiries of employers to determine whether or not there are any fitness-for-duty (FFD) concerns that must be explored and evaluated prior to granting unescorted access authorization.

DISCLOSE ANY INCIDENTS SINCE YOUR 18TH BIRTHDAY OR THE PAST 5 YEARS WHICH EVER IS SHORTER.

WITHIN THE TIME FRAME LISTED ABOVE HAVE YOU:

CIRCLE ONE

| | | |
|---|-------------------|----------------|
| 1. Violated a Licensee or employer's fitness-for-duty policy? | YES | NO |
| 2. Been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including fitness for duty policy violation or been unfavorably terminated from any employment for a fitness for duty reason? | YES | NO |
| 3. Used, Sold or Possessed illegal drugs? | YES | NO |
| 4. Abused legal drugs or alcohol? (If answer is yes please circle which applies: drugs, alcohol or both) | YES | NO |
| 5. Subverted or attempted to subvert a drug or alcohol testing program(If answer is yes please circle which applies: drugs, alcohol or both) | YES | NO |
| 6. Refused to take a drug or alcohol test? (If answer is yes please circle which applies: drugs, alcohol or both) | YES | NO |
| 7. Been subject to a plan (except self referral) for treating substance abuse? | YES | NO |
| 8. Been subject to a law enforcement authority or court of law action for alcohol or drug use related to the following: [A] The use, sale or possession of illegal drugs? [B] The abuse of legal drugs or alcohol? (circle which applies) [C] The refusal to take a drug or alcohol test? | YES YES YES | NO NO NO |
| 9. Been subject to employment action for alcohol or drug abuse involving the following: [A] A change in job responsibilities or removal from a job? [B] Mandated implementation of a plan for substance abuse treatment in order to avoid change in or removal from a job? (If answer is yes please circle which applies: drugs, alcohol or both) | YES YES | NO NO |
| 10. Are you currently in a fitness-for-duty follow-up program? | YES | NO |
| 11. Have you failed ANY type of drug testing (this includes testing for Union Hall) | YES | NO |

If you have answered YES to any of these questions Please explain below. Include reason, dates, locations, duration, description of incident and resolution. Please used attached statement page if more explanation needed.

SIGNATURE

SSN

DATE

PROVIDING FALSE OR DELIBERATE MISLEADING STATEMENTS OR OMISSIONS OF FACTS WILL BE SUFFICIENT GROUNDS FOR DENIAL OF UNESCORTED ACCESS

Using the requirements specified below, list any arrest(s) or convictions, and or pending charges filed against you. List all arrest(s) regardless of the disposition or outcome. Include charges that may have been dropped or where you were found not guilty. Include any military criminal charges, any suspended sentences, pretrial diversions, and or dismissals. You may omit non injury traffic or parking offenses but you **MUST** include reckless op's , failure to controll's and any alcohol/drug related offenses

DISCLOSE ANY INCIDENTS SINCE YOUR 18TH BIRTHDAY

I HAVE NO CRIMINAL HISTORY TO DISCLOSE _____ (INITIAL) and then sign, ssn & date at bottom of page. **OR** COMPLETE BELOW IN DETAIL AND THEN SIGN, SSN & DATE AT BOTTOM OF PAGE.

| DATE OF OFFENSE | DESCRIBE THE ORIGINAL CHARGE, IF FELONY WRITE F IF MISDEMEANOR WRITE M | 1. GUILTY OF WHAT CHARGE OR " NOT GUILTY" 2. PUNISHMENT/PENALTY | ARRESTING AGENCY CITY/STATE |
|-----------------|--|--|-----------------------------|
| | | 1. 2. | |
| | | 1. 2. | |
| | | 1. 2. | |
| | | 1. 2. | |
| | | 1. 2. | |

Please explain in detail on STATEMENT PAGE attached. ASK FOR ADDITIONAL PAGES IF NEEDED!

SIGNATURE SSN DATE

RESIDENCE

List all residences where you have lived within the **past Seven (7) years.**

I have lived at my current residence: From: ___ / ___ / ___ To: Present

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

Your next most recent residence. From: ___ / ___ / ___ To: ___ / ___ / ___

Number – Street – Apartment No. City State Zip code

PRINT NAME _____

ATTACHMENT 9 – RESIDENCE

REFERENCES

List at least three persons who are available for immediate contact and who can comment on your character and reputation. References cannot be related to you and cannot be living in your household. They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships. List telephone numbers where each reference can be contacted.

NOTICE: WE MUST HAVE THE FULL STREET ADDRESS, NO POST OFFICE BOX ADDRESSES

1.

Name _____/_____/_____
Known since

Number – Street – Apartment No. (NO PO BOX #) City State Zip code

Daytime telephone number Evening telephone Cell Phone

2.

Name _____/_____/_____
Known since

Number – Street – Apartment No. (NO PO BOX #) City: State: Zip code:

Daytime telephone number Evening telephone Cell Phone

3.

Name _____/_____/_____
Known since

Number – Street – Apartment No. (NO PO BOX #) City: State: Zip code:

Daytime telephone number Evening telephone Cell Phone

PRINT NAME _____

Provide the name of a person who can verify your activities during periods when you were not working. This person should have known you long enough to verify all periods of unemployment and should have had contact with you recently enough to verify the most recent unemployment period. You may use relatives as unemployment verifiers.

UNEMPLOYMENT VERIFIER _____

UNEMPLOYMENT VERIFIER FULL ADDRESS: (House Number, Street, City, State, and Zip code) NO POST OFFICE BOXES


DAYTIME TELEPHONE NUMBER EVENING PHONE NUMBER CELL PHONE NUMBER

START WITH YOUR MOST RECENT PERIOD OF EMPLOYMENT, SELF-EMPLOYMENT OR PERIOD WHEN YOU WERE NOT WORKING AND WORK BACKWARD RECORDING THE HISTORY AS DIRECTED. NOTE: YOU MUST INCLUDE ALL PERIODS REGARDLESS OF THE LENGTH. EVERY CALENDAR DATE MUST BE ACCOUNTED FOR. STOP AFTER YOU HAVE COMPLETED THREE YEARS OF EMPLOYMENT HISTORY OR BACK TO AGE 18, WHICH EVER SHORTER


OR

IF YOU HELD ACCESS IN THE PAST THREE (3) YEARS, WORK BACK FROM PRESENT TO WHEN YOU LAST HELD ACCESS. YOU DO NOT NEED TO INCLUDE THE EMPLOYER WHERE YOU HELD YOUR LAST ACCESS.

| | | |
|--|------|----|
| NOT WORKING Please note N/A if it does not apply. | FROM | TO |
|--|------|----|


| | | |
|---|--------------------------|---|
| PLEASE PROVIDE THE FOLLOWING  | START DATE (MO/DAY/YEAR) | END DATE (MO/DAY/YEAR) |
| COMPANY NAME | COMPANY ADDRESS | COMPANY PHONE NUMBER |
| ARE YOU ELIGIBLE FOR REHIRE YES NO | POSITION HELD | REASON FOR TERMINATION: QUIT LAY OFF FIRED |

| | | |
|--|------|----|
| NOT WORKING Please note N/A if it does not apply. | FROM | TO |
|--|------|----|


| | | |
|--|--------------------------|---|
| PLEASE PROVIDE THE FOLLOWING  | START DATE (MO/DAY/YEAR) | END DATE (MO/DAY/YEAR) |
| COMPANY NAME | COMPANY ADDRESS | COMPANY PHONE NUMBER |
| ARE YOU ELIGIBLE FOR REHIRE YES NO | POSITION HELD | REASON FOR TERMINATION: QUIT LAY OFF FIRED |

PRINT NAME _____


| | | |
|--|------|----|
| NOT WORKING Please note N/A if it does not apply. | FROM | TO |
|--|------|----|

| | | |
|---|--------------------------|---|
| PLEASE PROVIDE THE FOLLOWING  | START DATE (MO/DAY/YEAR) | END DATE (MO/DAY/YEAR) |
| COMPANY NAME | COMPANY ADDRESS | COMPANY PHONE NUMBER |
| ARE YOU ELIGIBLE FOR REHIRE YES NO | POSITION HELD | REASON FOR TERMINATION: QUIT LAY OFF FIRED |

| | | |
|--|------|----|
| NOT WORKING Please note N/A if it does not apply. | FROM | TO |
|--|------|----|

| | | |
|---|--------------------------|---|
| PLEASE PROVIDE THE FOLLOWING  | START DATE (MO/DAY/YEAR) | END DATE (MO/DAY/YEAR) |
| COMPANY NAME | COMPANY ADDRESS | COMPANY PHONE NUMBER |
| ARE YOU ELIGIBLE FOR REHIRE YES NO | POSITION HELD | REASON FOR TERMINATION: QUIT LAY OFF FIRED |

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| NOT WORKING Please note N/A if it does not apply. | FROM | TO |
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ADDITIONAL SHEETS ARE AVAILABLE, PLEASE ASK YOUR ACCESS AUTHORIZATION TECHNICIAN


PRINT NAME _____

ATTACHMENT 12-Employment History Continued


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ATTACHMENT 12-Employment History Continued

