

Employment Application and Authorization for Background Investigation



Please Print or Type. Complete All Information.

PERSONAL IDENTIFICATION AND INFORMATION	DATE		Are you presently authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	NAME (LAST, FIRST, MIDDLE) AS IT APPEARS ON SOCIAL SECURITY CARD		SOCIAL SECURITY NUMBER		Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	PRESENT ADDRESS	NUMBER AND STREET	CITY		STATE	ZIP CODE	
	PERMANENT ADDRESS	NUMBER AND STREET	CITY		STATE	ZIP CODE	
	PRESENT HOME TELEPHONE NUMBER		MOBILE TELEPHONE NUMBER		WORK / DAY TELEPHONE NUMBER		
	Have you ever been employed by UT-Battelle, its predecessors, the University of Tennessee, or Battelle? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, WHICH ENTITY?		DATE OF TERMINATION	
	Have you ever been granted a security clearance by DOE? YES <input type="checkbox"/> NO <input type="checkbox"/> by DOD? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is your clearance active? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	IF YES, TYPE OF CLEARANCE			DATE GRANTED		AGENCY DOE <input type="checkbox"/> DOD <input type="checkbox"/>	
	Since age 18, have you been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance? Do not report traffic violations which involved fines of \$250 or less. YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the following information:						
	DATE	CHARGE		CITY AND STATE WHERE CONVICTED		FINE OR DISPOSITION	
Have you at any time been debarred or suspended from participating in government contracting, or have you been notified that such action is pending? YES <input type="checkbox"/> NO <input type="checkbox"/>			Have you been convicted of or pleaded guilty to government contract or procurement fraud? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever consulted for, or been employed by, the U.S. Government (including service in the military)? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, was this employment with DOE or did this employment or service include any particular matters relating to Oak Ridge National Laboratory? YES <input type="checkbox"/> NO <input type="checkbox"/>				
EDUCATION	INCLUDE ALL PERIODS OF SCHOOLING. LIST MOST RECENT SCHOOL FIRST. INDICATE IF RECORDS ARE UNDER ANOTHER NAME.				SCHOOL RECORDS IN (NAME)		
	NAME AND ADDRESS OF SCHOOL		DEGREE RECEIVED OR EXPECTED	GRADUATE?		MAJOR FIELD	GPA / SCALE
				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
GED? YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCATION (School, City, State)					
MILITARY SERVICE	<input type="checkbox"/> NONE		BRANCH OF SERVICE		DATES	FROM TO	
	GRADE/RANK AT DISCHARGE						
DRIVERS LICENSE	DO YOU HAVE A VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE INFORMATION BELOW.						
	STATE	LICENSE NUMBER					

FOR INTERNAL USE ONLY			
AGREEMENT NUMBER	RELEASE NUMBER	SITE	OAK RIDGE <input type="checkbox"/>

NAME _____

EMPLOYMENT EXPERIENCE	List all employment activity, including military service. Account for any period of unemployment. Attach additional sheets as necessary.					MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PERIODS OF EMPLOYMENT					PERIODS OF UNEMPLOYMENT
	NAME OF COMPANY					FROM (Month/Day/Year)
	COMPANY ADDRESS	STREET		SITE/PLANT		TO (Month/Day/Year)
		CITY	COUNTY	STATE	ZIP CODE	REASON
	DATES OF EMPLOYMENT	FROM (Month/Day/Year)	TO (Month/Day/Year)	JOB TITLE	REASON	
	REASON FOR LEAVING			SUPERVISOR'S NAME		
	NAME OF COMPANY					FROM (Month/Day/Year)
	COMPANY ADDRESS	STREET		SITE/PLANT		TO (Month/Day/Year)
		CITY	COUNTY	STATE	ZIP CODE	REASON
DATES OF EMPLOYMENT	FROM (Month/Day/Year)	TO (Month/Day/Year)	JOB TITLE	REASON		
REASON FOR LEAVING			SUPERVISOR'S NAME			
NAME OF COMPANY					FROM (Month/Day/Year)	
COMPANY ADDRESS	STREET		SITE/PLANT		TO (Month/Day/Year)	
	CITY	COUNTY	STATE	ZIP CODE	REASON	
DATES OF EMPLOYMENT	FROM (Month/Day/Year)	TO (Month/Day/Year)	JOB TITLE	REASON		
REASON FOR LEAVING			SUPERVISOR'S NAME			

SALARY	EXPECTED SALARY OR WAGE	CURRENT OR MOST RECENT SALARY OR WAGE
	\$ _____ PER _____	\$ _____ PER _____

LIST FOUR PERSONS WHO ARE QUALIFIED TO VOUCH FOR YOUR CHARACTER. LIST ONLY INDIVIDUALS WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS AND ARE CURRENT ACQUAINTANCES. DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS. ALSO, IF YOU DO NOT WANT YOUR PRESENT PLACE OF EMPLOYMENT CONTACTED, PLEASE DO NOT LIST REFERENCES WHO WORK THERE.

NAME	HOME ADDRESS	OCCUPATION AND EMPLOYER	TELEPHONE NUMBERS
			HOME
			BUSINESS
			HOME
			BUSINESS
			HOME
			BUSINESS
			HOME
			BUSINESS

Please provide the following information about all places where you have resided for the past five years, beginning with your present address. All periods of time must be accounted for. List temporary addresses, for example, motels or apartments, for any stay in excess of 30 days, including instances of temporary work assignments. Attach additional sheets as necessary.

RESIDENCES	DATES (Month/Year)		STREET ADDRESS / CITY (Include street number.)	COUNTY	STATE / ZIP (Do not abbreviate.)
	FROM	TO			

NAME _____

OTHER NAMES USED (INCLUDE DATES WHEN USED)

AGREEMENT AND UNDERSTANDING

I agree:

1. UT-Battelle or its contractor can conduct a background investigation.
2. In authorizing this, it is understood that a consumer credit report and/or an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I 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.
3. This authorization is to be part of this written Employment Application and Authorization for Background Investigation, which I sign immediately below.
4. I have been given a stand-alone disclosure that a report will be requested and used for the purpose of evaluating me for employment. (See attached disclosure on page 4.)

DATE

SIGNATURE INDICATING AGREEMENT AND UNDERSTANDING

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, or Trade School, or other); or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, _____, hereby authorize UT-Battelle 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 UT-Battelle or its agents, and I release ChoicePoint, Inc., and all persons providing information to ChoicePoint, Inc., from liability on account of such disclosure. This would include a review of my military service personnel records in the same manner as would be permitted if I represented myself for this purpose. I do further authorize ChoicePoint, Inc., to submit such information, copy or abstract, directly to UT-Battelle to become a part of their records. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

DATE

SIGNATURE

DATE OF BIRTH
(required for background investigation)

If you are a resident of California or Minnesota and wish to receive a copy of your consumer credit report, please check here:

By inserting my name and the date and submitting my candidate data, I confirm and agree that the information contained in the Employment Application and Authorization for Background Investigation is true, correct, and complete to the best of my knowledge and can be used by UT-Battelle for evaluation of my candidacy. I understand that the information in this application is subject to verification; and that my employment by UT Battelle, LLC (UT-Battelle) may be contingent upon its accuracy. I understand that I will be required to provide proof that I am legally eligible for employment in the United States. I also understand that I will be required to pass a drug test and complete a physical examination as part of the employment process. Furthermore, I understand that if I am hired by UT-Battelle, my continued employment shall be at the will of UT-Battelle and may be terminated at any time by either party.

APPLICANT'S SIGNATURE

DATE

Disclosure Under The Federal Fair Credit Reporting Act

In compliance with the Federal Fair Credit Reporting Act, you are notified that a consumer credit report and/or an investigative consumer report is being requested from ChoicePoint, Inc., consumer reporting agency for the purposes of evaluating you for employment purposes.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends, or associates. You have a right to make a written request within a reasonable period of time to receive additional disclosures regarding the nature and scope of the investigation.

This information is being provided by ChoicePoint Consumer Center, P.O. Box 105108, Atlanta, Georgia, 30302, telephone 1-800-845-6004

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair 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 addition rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., 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” offer 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. • **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

State 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 other not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 PHONE: 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 Currency, Compliance Management, Mall Stop 6-6, Washington, DC 20219 PHONE: 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 PHONE: 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 Supervisor, Consumer Complaints Washington, DC 20552 PHONE: 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 PHONE: 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 PHONE: 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 PHONE: 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA Washington, DC 20250 PHONE: 202-720-7051