

NAME: _____ DATE: _____
Last First Middle Initial

SSN: _____

COMPANY: _____

To be completed by Security Access Personnel

- INITIAL No. of Pages: _____
- INITIAL FFD/PDI Additional 2 years: _____
- UPDATE from: _____
- REINSTATEMENT from: _____
- MILITARY INCLUDED

Special Instructions: _____

- All Clear Confidential Services, Inc. Pinnacle W.T. Hill



- Arkansas Nuclear One (ANO) 479-858-6890 Pilgrim (PIL) 508-830-8885/8052
- Grand Gulf Nuclear Station (GGNS) 601-437-2414 River Bend Station (RBS) 225-381-4620
- Indian Point (IPEC) 914-788-2179 Vermont Yankee (VY) 802-251-0962
- James A. Fitzpatrick (JAF) 315-349-6418 Waterford 3 (WF3) 504-739-6793
- Palisades (PAL) 269-764-2460

Palisades In-processing Information

If you misrepresent and/or falsify information, your unescorted access will be permanently denied.

All paperwork shall be completed using black ink.

Due to the security procedures and the presence of radioactive materials at the facility, access to the plant requires screening and training beyond what is necessary at many other types of industrial installations. This pamphlet provides information about these requirements and the documents or information you will need to furnish upon arrival if you would like to work at Palisades.

VERIFICATION OF IDENTITY

Individuals will be required to provide current identification. This must be in the form of a valid government issued photo identification (e.g. driver's license, passport or military identification).

EMPLOYMENT

Provide all periods of employment/unemployment for the past three (3) years or since you last held unescorted access (with no gaps). Five (5) years of employment/unemployment will need to be provided for those who have any drug/alcohol related history within the scope of the background.

For all periods of employment, the individual must provide:

- **dates of employment**
- **names of employer**
- **employer's complete address, phone number, name of supervisor (if known)**
- **reason for leaving**

For all periods of unemployment, the individual must provide the name and daytime phone number of a contact that knows of and can verify the individual's activities during these periods of unemployment. Contacts for verifying unemployment are, but not limited to spouse, co-workers, friends, relatives, etc. **State unemployment offices will not verify this information and therefore can not be used.**

CREDIT HISTORY

Credit history for the past seven (7) years will be reviewed. Individuals with:

- **bankruptcy**
- **financial judgments**
- **tax liens or**
- **collection accounts**

must provide paperwork showing status or payment plan

MILITARY

If you served in the military (as a primary job) within the last three (3) years, **you will need to provide a copy of your DD214** and be able to provide the following: Service Period; Name of Supervisor/Commander; Telephone Number of Supervisor; Last Command/Duty Station Address; Telephone Number of Last Duty Station and Type of Discharge.

EDUCATION IN LIEU OF EMPLOYMENT

If you were enrolled with education as your primary job – in an educational institution in lieu (instead of) of employment within the past five (5) years, you will be required to provide the following: Name of School; Address of School; Dates Attended; Telephone Number and Type of Degree.

PERSONAL REFERENCES

Three personal references must be provided with:

- **names**
- **addresses**
- **daytime and evening and/or cell phone numbers**

CRIMINAL HISTORY/LEGAL ACTION

Individuals will be required to disclose all legal actions that may have occurred since their eighteenth birthday or since they last held unescorted access. All legal action shall include any formal action taken by a law enforcement authority or court of law, including:

- being held,
- detained,
- taken into custody,
- charged,
- arrested,
- indicted,
- fined,
- forfeited bond,
- cited, or convicted

for a violation of any law, regulation or ordinance (e.g., felony, misdemeanor, traffic or military criminal history, etc.), or the mandated implementation of a plan for treatment or mitigation (to make less severe) in order to avoid a permanent record of an arrest or conviction in response to

- 1) the use, sale or possession of illegal drugs;
- 2) the abuse of legal drugs or alcohol; or
- 3) the refusal to take a drug or alcohol test.

Failure to report any legal action that is discovered and verified will result in denial of unescorted access to Palisades Power Plant.

Any individual with a current felony charge pending disposition or resolution or convicted of a felony offense within the previous five years will not be granted access authorization until the charge is satisfactorily resolved. Individuals shall provide appropriate documentation.

The denial will also continue as long as an individual is on active probation/parole as a result of the conviction.

Any individual that has any drug/alcohol related or other legal action, including DWI's and DUI's, previous denial of unescorted access for any reason at another licensee, or a record determined by Security Access Authorization to be suspect, will be subject to additional inquiry prior to being granted unescorted access.

Individuals may be sent for an assessment at their own expense.

Therefore, this individual should arrive on site with the appropriate documentation (i.e. arresting papers, court disposition, evaluation by a certified addiction counselor and any treatment completion, including discharge summary).

FITNESS FOR DUTY (FFD) TESTING (Urinalysis & Breathalyzer)

Individuals requiring a Pre-Access Drug and Alcohol Screen (FFD Testing) must fully cooperate with the testing process. It is imperative that individuals be ready and able to promptly provide a urine sample when they report to the FFD testing facility to avoid unnecessary delays. Individuals will also be subject to random testing while on site. **Medical marijuana is not accepted as a legal drug in this industry. Federal laws will overrule the State laws.**

FINGERPRINT VERIFICATION

Your fingerprints will be taken and sent to the FBI for verification of criminal history.

PSYCHOLOGICAL EVALUATION

Individuals that have not had unescorted access at a commercial nuclear plant within the past 365 days must take this written test. An interview with a clinical Psychologist may also be required.

TRAINING

Individuals will be required to pass Plant Access Training to obtain unescorted access into the plant.

FALSIFICATION

Individuals who falsify background information will be denied unescorted access.

PERSONAL INFORMATION FORM

U.S. SOCIAL SECURITY NUMBER OR ALTERNATE ID NUMBER

COMPANY

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

(H) _____

MAIDEN OR OTHER NAMES KNOWN BY

(C) _____
HOME AND/OR CELL
PHONE NUMBER

PLACE OF BIRTH (CITY & STATE)

HOME ADDRESS

CITY

STATE

ZIP CODE

U.S. Citizen? Yes No (If no, what country are you a citizen of?)

IF YOU WERE NOT BORN IN THE UNITED STATES, PROVIDE THE APPLICABLE INFORMATION SPECIFIED BELOW:

Port of Entry into the United States

Date of Entry

Alien Registration Number

Naturalization number

Name at time of entry (Last, First, Middle)

DRIVERS LICENSE NUMBER

STATE OF ISSUE

EXPIRATION DATE

GENDER (Male/Female)

HEIGHT

WEIGHT

EYE

HAIR

RACE

LAST U.S. NUCLEAR SITE WHERE YOU HAD OR HAVE UNESCORTED ACCESS (KEYCARDED)

DATE OF ACCESS LOST OR CURRENT

DO NOT WRITE IN THIS BOX.
TO BE COMPLETED BY SECURITY ACCESS PERSONNEL

SIGNATURE

VERIFIED PHOTO ID. [] YES [] NO

DATE

TYPE OF ID:

_____ If passport, reference NS-107

TYPE OF INVESTIGATION

[] INI - INITIAL Background Investigation (3 yrs prior or since 18th Birthday): _____ TO PRESENT

[] INI - INITIAL Background Investigation (FFD/PDI Additional 2 years): _____ TO PRESENT

[] UPA - UPDATE BI (Access Loss Greater Than 365 Days): _____ TO PRESENT

[] R1Y - REINSTATEMENTBI (Access Loss Greater Than 30 Days): _____ TO PRESENT

[] R30 - REINSTATEMENT (Access Loss Less Than 30 Days)

[] RCUR - REINSTATEMENT Current UA/UAA

[] REINVESTIGATION

CONSENT

Entergy Operations, Inc./Entergy Nuclear Operations, Inc. has my consent to; collect personal information about me in order to verify the information's accuracy; conduct a background investigation(BI) in accordance with U.S. Nuclear Regulatory Commission (NRC) regulations to verify information I have provided on a Personal History Questionnaire and other information, as necessary; retain personal information provided for investigation; and transfer information from other licensees, as necessary, including (i) information pertaining to the denial of unescorted access authorization (UAA) or unescorted access (UA), or denial of access to a nuclear power plant under construction, to determine whether to grant me unescorted access to a U.S. NRC-licensed facility and to allow me to maintain such access; (ii) or information pertaining to denial of access to Safeguards Information.

The information collected will be used for the purposes of determining UAA/UA in accordance with 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, separate fitness-for-duty (FFD) authorization in accordance with 10 CFR Part 26, Fitness for Duty Programs, access to a nuclear power plant under construction, and/or access to Safeguards Information in accordance with 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, unless I provide a separate release to the licensee for another purpose.

I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency.

I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.

The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to granting and while maintaining UAA/UA. The results of this determination must be available to other NRC licensed facilities.

Any of the following actions related to the providing and sharing the personal information is sufficient cause for denial or unfavorable termination of UAA/UA, access to a nuclear power plant under construction, and/or access to Safeguards Information:

- Refusal to provide written consent for the background investigation and/or suitable inquiry;
- Refusal to provide information or the falsification of any personal information required under 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, *Fitness-for-Duty Program*, and/or 10 CFR 73.21, 73.22 or 73.23, *Protection of Safeguards Information*, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
- Refusal to provide written consent for the sharing of personal information with other licensees or other entities required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, *Fitness-for-Duty Program*, and/or 10 CFR 73.21, 73.22 or 73.23, *Protection of Safeguards*; and
- Failure to report any legal actions.

I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information necessary to process applications of workers for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information. I further understand that this system is intended to permit nuclear facility licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any facility 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 will include, but is not limited to:

- Name and Social Security Number;
- Place of birth and physical characteristics;
- Dates when any of the following are completed: background investigation, psychological evaluation, fitness-for-duty testing, suitable inquiry checks;
- FBI criminal history;
- Dates when UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information has been authorized or terminated;
- Date of any denial of UAA/UA and the company holding the relevant information;
- Dates associated with FFD testing (pre-access, post-event, for cause and follow-up) and treatment;
- Annual radiation exposure history;
- Respiratory equipment qualification/fit testing;
- Medical qualification for respirator use;
- Data concerning training required for UAA/UA, access to a nuclear power plant construction site, access to Safeguards Information and work qualification; 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 UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information.

I authorize the entry into the PADS computer database of any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information. I authorize the transfer of such information, electronically or otherwise, to other NRC nuclear facility licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA, for access to a nuclear power plant construction site, and/or for access to Safeguards Information.

CONSENT (Continued)

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 employees of NRC facility licensees and their contractors/vendors who have been designated as having a "need to know" the information in order to do their jobs. The following is a listing of individuals that may access information without my consent in order to perform their official duties:

- Myself or my representative, when I have designated the representative in writing for specified UAA/UA and/or FFD matters;
- Assigned Medical Review Officers (MROs) and MRO staff;
- NRC representatives;
- Appropriate law enforcement officials under court order;
- A licensee, contractor/vendor, or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA and/or FFD program, including determinations of fitness, access authorization or FFD program audits, and some human resources functions;
- The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
- Persons deciding matters under access authorization or FFD program appeal process; and
- Other persons pursuant to court order.

I understand that all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD program.

All documents pertaining to a 5 year or permanent denial of UAA/UA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA for 40 years or the NRC determines that the records are no longer needed.

The records of FFD training and examinations conducted under 10 CFR 26 and 10 CFR 73.21, 73.22, or 73.23 will be maintained for at least 3 years.

Records identified are normally maintained at Entergy Operations Inc./ Entergy Nuclear Operations, Inc.

I understand that I have a right to review information collected and maintained by Entergy Operations Inc./Entergy Nuclear Operations, Inc. to assure it is accurate and complete and to correct any inaccurate or incomplete information.

I understand that, upon my written request to Entergy Operations, Inc./Entergy Nuclear Operations, Inc., and at no cost to me, I will be provided, within 10 working days, with a printed copy of the information about me which is recorded in the database. 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 Entergy Operations, Inc./Entergy Nuclear Operations, Inc., 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. Thereafter, PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, unless I provide a currently valid Consent or the information sought is required by NRC regulation.

I hereby release Entergy Operations, Inc./Entergy Nuclear Operations, Inc., 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 UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information.

I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not Entergy Nuclear), or Entergy Nuclear 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 (if not Entergy Nuclear), Entergy Nuclear, 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 Entergy Operations, Inc./Entergy Nuclear Operations, Inc. to take such actions as are described herein or specified by PADS procedures. While I understand that UAA/UA, access to a nuclear power plant construction site and/or access to Safeguards Information 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.

Applicant's Printed Name

Social Security No.

Applicant's Signature

Date

FF-001

Rev. 3

SELF-DISCLOSURE

In the past 5 years, OR since your 18th birthday, OR since your last unescorted access authorization that was favorably terminated (which ever period is shorter) have you:

1. Ever violated a licensee or employer's fitness-for-duty policy?
No [] **Yes** [] Explain, Date, Location, Reason _____

2. Ever 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 violation or been unfavorably terminated from any employment for fitness for duty reasons?
No [] **Yes** [] Explain, Date, Location, Reason _____

3. Ever used, sold or possessed illegal drugs **OR** ever abused legal drugs or alcohol?
No [] **Yes** [] Explain, Date, Location, Reason _____

4. Ever subverted or attempted to subvert a drug or alcohol testing program?
No [] **Yes** [] Explain, Date, Location, Reason _____

5. Ever refused to take a drug or alcohol test?
No [] **Yes** [] Explain, Date, Location, Reason _____

6. Ever been subject to a plan (except self-referral) for treating substance abuse?
No [] **Yes** [] Explain, Date, Location, Reason _____

7. Ever been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following:
No [] **Yes** [] The Use, sale or possession of illegal drugs?
No [] **Yes** [] The abuse of legal drugs or alcohol? (example: DWI or DUI charges)
No [] **Yes** [] The refusal to take a drug or alcohol test?
If you answered Yes, Explain, Date, Location, Reason _____

8. Ever been subject to employment action taken for alcohol or drug abuse involving any of the following:
No [] **Yes** [] A Change in job responsibilities or removal from a job?
No [] **Yes** [] Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job?
If you answered Yes, Explain, Date, Location, Reason _____

9. Are you currently in a fitness-for-duty follow-up testing program?
No [] **Yes** [] Explain, Date, Location, Reason _____

PLEASE NOTE: If you have answered "Yes" to any of the questions above, you will need to provide an additional two years of employment/unemployment for verification.

MENTAL HEALTH

10. Have you ever been treated for any mental or nervous disorders?
No [] **Yes** [] Explain, Date, Location, Reason _____

NAME: _____ **DATE:** _____
(Please print full name)

CRIMINAL HISTORY

11. Have you **EVER had Unescorted Access at an Entergy Nuclear site?** (Arkansas Nuclear One, Grand Gulf Nuclear Station, Indian Point Energy Center, James A FitzPatrick, Palisades, Pilgrim Station, River Bend Station, Vermont Yankee, or Waterford 3)

Yes List all Legal actions since you last lost access at an Entergy site.

No List all legal actions since your 18th birthday.

List **ALL LEGAL ACTIONS** (including juvenile offenses when charged as an adult whether or not you were convicted). Additionally, if you were fingerprinted report the occurrence, and if you currently have any criminal charges pending, report the charge. You must list felony, misdemeanor, or serious traffic offenses including guilty pleas and "*nolo contendere*" (meaning no contest); any suspended sentences, pretrial diversions, dismissals, "*nolle prosequi*" (meaning not prosecuted), serious civil charges, military charges (including court martial or non-judicial punishment) 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 you were not taking physically taken into custody. (You may omit non-injury traffic or parking offenses but you must include any alcohol/drug-related traffic offenses.)

For the time frame indicated above, have you:

- | | | |
|---|------------|-----------|
| 1. been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance (e.g., felony, misdemeanor, traffic or military criminal history, etc.) or do you now have such a case pending? | YES | NO |
| 2. been charged, arrested or convicted of an alcohol or a controlled substance related offense, which includes; driving under the influence / while intoxicated (DUI / DWI), or have such a case pending? | YES | NO |
| 3. been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500? | YES | NO |
| 4. failed to appear in court for any offense(s)? | YES | NO |
| 5. Are you currently under indictment, on probation, on parole, work release, or subject to any other control of a court? | YES | NO |

If you answered **YES** to any question above, explain all occurrences and specific details in the space provided below. Additional pages may be added as necessary.

=====

Type of Charge or reason held or detained _____ Offense Date _____
Month and Year

Arresting Agency _____ Location _____

Disposition: [] **Convicted**
[] **Not Convicted**
[] **Pending**
[] **Other** _____

Was a weapon used in committing the offense? [] **No** [] **Yes** If yes list type of weapon _____

Sentence:
Amount of fine paid \$ _____ Jail time served _____ Probation time given _____

Are you still on probation/parole/work release or subject to any other control of a court? [] **No** [] **Yes**

NAME: _____ **DATE:** _____
(Please print full name)

CRIMINAL HISTORY (Continued)

Type of Charge or reason held or detained _____ Offense Date _____
Month and Year
Arresting Agency _____ Location _____

Disposition: [] **Convicted**
[] **Not Convicted**
[] **Pending**
[] **Other** _____

Was a weapon used in committing the offense? [] **No** [] **Yes** If yes list type of weapon _____

Sentence:
Amount of fine paid \$ _____ Jail time served _____ Probation time given _____

Are you still on probation/parole/work release or subject to any other control of a court? [] **No** [] **Yes**

Type of Charge or reason held or detained _____ Offense Date _____
Month and Year
Arresting Agency _____ Location _____

Disposition: [] **Convicted**
[] **Not Convicted**
[] **Pending**
[] **Other** _____

Was a weapon used in committing the offense? [] **No** [] **Yes** If yes list type of weapon _____

Sentence:
Amount of fine paid \$ _____ Jail time served _____ Probation time given _____

Are you still on probation/parole/work release or subject to any other control of a court? [] **No** [] **Yes**

Type of Charge or reason held or detained _____ Offense Date _____
Month and Year
Arresting Agency _____ Location _____

Disposition: [] **Convicted**
[] **Not Convicted**
[] **Pending**
[] **Other** _____

Was a weapon used in committing the offense? [] **No** [] **Yes** If yes list type of weapon _____

Sentence:
Amount of fine paid \$ _____ Jail time served _____ Probation time given _____

Are you still on probation/parole/work release or subject to any other control of a court? [] **No** [] **Yes**

NAME: _____ **DATE:** _____
(Please print full name)

EMPLOYMENT/UNEMPLOYMENT

Investigation Period: _____ to Present

Account for **ALL** time indicated above including employment, self-employment, unemployment, education, and military service. If a former employer is no longer in business or if you were self-employed, provide the names of two people who can verify that information (e.g., former supervisor, co-worker, customer, client, neighbor, etc.). **Do not list** union local unless you are a business agent. **Do not list** an unemployment office. **Do not use Business Agents to verify periods of unemployment.**

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ____/____/____ TO ____/____/____ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ____/____/____ TO ____/____/____ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ____/____/____ TO ____/____/____ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ____/____/____ TO ____/____/____ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ____/____/____ TO ____/____/____ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ____/____/____ TO ____/____/____ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ____/____/____ TO ____/____/____ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

NAME: _____ **DATE:** _____

(Please print full name)

EMPLOYMENT/UNEMPLOYMENT (Continued)

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ___/___/___ TO ___/___/___ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ___/___/___ TO ___/___/___ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ___/___/___ TO ___/___/___ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ___/___/___ TO ___/___/___ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

| | | |
|--|-----------------------------|--|
| COMPANY NAME | ADDRESS/CITY/STATE/ZIP CODE | TELEPHONE NUMBER () |
| DATE EMPLOYED FROM ___/___/___ TO ___/___/___ | SUPERVISOR OR CONTACT NAME | POSITION HELD |
| NAME OF JOB SITE LOCATION/CITY/STATE | | REASON FOR LEAVING (PLEASE CIRCLE) ROF QUIT FIRED |
| REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS | REFERENCE CONTACT NUMBER | ELIGIBLE FOR REHIRE YES NO |

| | | | |
|---|--------------------------------|---|---|
| UNEMPLOYED FROM ___/___/___ TO ___/___/___ | Activities during unemployment | Person who can verify Name: Phone Number: | Person who can verify Name: Phone Number: |
|---|--------------------------------|---|---|

NAME: _____ DATE: _____
(Please print full name)

EDUCATION in LIEU OF EMPLOYMENT:

List any education enrolled in lieu of employment during the last 5 years or since you last held unescorted access authorization or unescorted access.

NO APPLICABLE EDUCATION based on the scope described above

| NAME OF SCHOOL | DATES ATTENDED | | DID YOU GRADUATE? | | DISCIPLINARY ACTION? | | MAJOR & TYPE OF DEGREE |
|----------------|----------------|---------|-------------------|----|----------------------|----|------------------------|
| | FROM | TO | YES | NO | YES | NO | |
| | MO / YR | MO / YR | | | | | |
| School | | | | | | | |
| Address | | | | | | | |
| School | | | | | | | |
| Address | | | | | | | |
| School | | | | | | | |
| Address | | | | | | | |

PERSONAL REFERENCES:

List 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. Provide actual street addresses, not post office box numbers. List telephone numbers where each reference can be contacted.

| NAME | ADDRESS | TELEPHONE NUMBERS Include Area Code |
|------------------|---------|--|
| Mr. Mrs. Ms Both | | |
| Mr. Mrs. Ms Both | | |
| Mr. Mrs. Ms Both | | |

MILITARY INFORMATION:

List any military service in the last 3 years or since your 18th birthday where your military service was your primary job.

NO APPLICABLE MILITARY service based on the scope described above.

| | | |
|---|--|--|
| SERVICE PERIOD FROM _____ TO _____ | SERVICE TYPE: <input type="checkbox"/> ACTIVE <input type="checkbox"/> NATIONAL GUARDS / RESERVES ON ACTIVE DUTY | COUNTRY SERVED |
| BRANCH OF SERVICE | NAME OF SUPERVISOR / COMMANDER | TELEPHONE NUMBER () |
| LAST COMMAND / DUTY STATION / BASE / UNIT | GRADE OR RANK | CHARACTER OF SERVICE <input type="checkbox"/> HONORALBE <input type="checkbox"/> OTHER |
| ADDRESS OF DUTY STATION / BASE / UNIT | TELEPHONE NUMBER () | REASON FOR DISCHARGE |
| | DISCIPLINARY ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO | DD-214 PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO - COMPLETE STANDARD FORM 180 |

NAME: _____ **DATE:** _____
(Please print full name)

| |
|---|
| ENERGY NUCLEAR |
| Fair Credit Reporting Act Disclosure and Authorization Statement |

| | | |
|--|--|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH | |
| <p>List all residences of greater than 30 days where you have lived. For Initial, within the past seven (7) years. For Update, since you last held unescorted access which was terminated favorably. For Reinvestigations, list the past five (5) years.</p> | | |
| CURRENT ADDRESS | (NUMBER, STREET, CITY, STATE AND ZIP CODE) | |
| PREVIOUS ADDRESS | (NUMBER, STREET, CITY, STATE AND ZIP CODE) | |
| PREVIOUS ADDRESS | (NUMBER, STREET, CITY, STATE AND ZIP CODE) | |
| PREVIOUS ADDRESS | (NUMBER, STREET, CITY, STATE AND ZIP CODE) | |
| PREVIOUS ADDRESS | (NUMBER, STREET, CITY, STATE AND ZIP CODE) | |

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

For the purpose of evaluating my application for or maintenance of, nuclear power plant access authorization, I understand the Company, Entergy Operations, Inc./Entergy Nuclear Operations, Inc., 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, or mode of living.

I understand that upon written request to Entergy Operations, Inc./Entergy Nuclear Operations, Inc., 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 Entergy Operations, Inc./Entergy Nuclear Operations, Inc. to obtain a consumer or investigative consumer report on me as part of the Company's screening process for 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 Entergy Operations, Inc./Entergy Nuclear Operations, Inc. 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 Entergy Operations, Inc./Entergy Nuclear Operations, Inc. to take such actions as are described herein.

| | |
|------------------------------|--------------------|
| <i>Applicant's Signature</i> | <i>Date Signed</i> |
|------------------------------|--------------------|

CREDIT HISTORY

| | | |
|---|------------------------|-----------|
| Have you had any of the following in the past seven (7) years | (Please circle) | |
| a bankruptcy | Yes | No |
| financial judgment | Yes | No |
| charge-off | Yes | No |
| tax lien | Yes | No |
| delinquent payment | Yes | No |
| or other financial difficulties | Yes | No |

If **Yes**, provide details below to include the reason and when: _____

If you have a credit history documented in a national credit bureau file, print your name at the bottom of the form and consider this form completed. Your credit will be checked through the national credit agencies. Note: If you have placed a security freeze on your credit file, the credit file must be unfrozen in order for the required credit check to be completed. Changing the status of your credit file is your responsibility.

If you do not have an established credit history (e.g., loans, credit cards, etc.), **list three sources of credit** (e.g., landlords, local gas station, a bank, department store charge account or any personal sources of credit). Explain why you have no credit history and any problems you have experienced with any creditor during the past seven years – space at the top of this form to be used for explanation.

1. Credit Reference: From: ___/___/___ To: ___/___/___

Name of creditor Telephone number

Address of creditor City State Zip Code

2. Credit Reference: From: ___/___/___ To: ___/___/___

Name of creditor Telephone number

Address of creditor City State Zip Code

3. Credit Reference: From: ___/___/___ To: ___/___/___

Name of creditor Telephone number

Address of creditor City State Zip Code

NAME: _____ **DATE:** _____
(Please print full name)

Para información en español, 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.

A Summary of Your Rights Under the Fair Credit Reporting Act

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, 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 identify 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 credit-worthiness 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.
- **Identity 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 Washington, DC 20250 202-720-7051 |

FBI FINGERPRINT HISTORY CHECK ADVISEMENT FORM

As required by 10CFR 73.57, "Requirements for Criminal History Check", your fingerprints are being taken and forwarded to the FBI for recording and obtaining any record you may have on file. The information obtained will be used solely for the purpose of determining your suitability for Unescorted Access to protected and vital areas or access to Safeguard Information.

The results of your FBI Fingerprint Criminal History Check will be sent to Entergy Nuclear Access Authorization Section. If the results contain derogatory information, that may affect you obtaining Unescorted Access at an Entergy Nuclear operated plant, you will be contacted.

Prior to any adverse final determination being made, you can review the results of your FBI Criminal History Check at any time during normal duty hours at the Access Authorization Section for the purpose of assuring correct and complete information. You have a right to challenge any entry. You may submit a challenge for correction, Update or to explain any entry on your record. If you elect to challenge your record, you must submit the challenge to:

- The Law Enforcement Agency that contributed the questioned information

or

*Assistant Director, FBI
Identification Division
Washington, DC 20537-9700

If you submit your challenge to the FBI, they will in turn forward it to the Law Enforcement Agency that submitted the questioned information. The FBI will request the agency verify or correct the challenged entry. The FBI will forward the result of the challenge to you.

You must submit a challenge and notify the Access Authorization Section within (10) calendar days. Failure to do so will result in a final security certification determination based upon information contained in your FBI Criminal history Record. If you submit a challenge, final security certification determination will be deferred until you furnish the Access Authorization Section a copy of the FBI's confirmation or correction to your record.

Your criminal record or personal information collected and maintained as a result of the fingerprints may not be disclosed to persons other than yourself, your authorized representative, or to those who have a need to know the information in performing assigned duties in the process of granting or denying unescorted access to the nuclear power facility or access to safeguards information. The information obtained from a criminal history record check will be made available to any other NRC licensee pursuant to an access clearance for you at another facility.

Criminal history information obtained through the FBI may also be made available for examination by authorized representatives of the NRC in the course of their duties to determine compliance with regulations and laws. The criminal history record information will be retained as required by regulation after unescorted access to the nuclear power facility or to safeguards information has been denied or terminated.

I acknowledge that I have read this form and give my consent to Entergy Operations, Inc./Entergy Nuclear Operations, Inc. to process my fingerprints.

Applicant's Printed Name

Applicant's Social Security Number

Applicant's Signature

Date

DO NOT WRITE IN THIS BOX. TO BE COMPLETED BY SECURITY ACCESS PERSONNEL

Transaction Control Number (TCN)

Date FP Initiated

Date FP Received

Result

**FBI Criminal History Record
Reviewed By Applicant:**

Applicant Signature

Date

ACKNOWLEDGEMENT STATEMENT

I, _____, have read, understand and acknowledge the purpose of this personal history questionnaire (PHQ) and that I have furnished the requested information under the stated conditions. I have read and understand the above information concerning NRC required fingerprints and criminal history record.

The information that I have provided in this PHQ is correct and accurate to the best of my knowledge and belief. I make this statement with knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of unescorted access. I understand that the information I have provided in this form will be verified by authorized background investigators and will be used only for access authorization purposes.

I understand that it is my responsibility, under the Behavioral Observation Program (BOP), to report any legal action to my supervisor or Nuclear Security / Access Authorization within 24 hours of the occurrence; however, any legal action must be reported immediately upon return to work, regardless of the shift I am working or scheduled to work. I must also report any legal action from the time I complete this PHQ until I am certified UAA or granted UA. Failure to report an legal action may result in denial of UAA/UA and disciplinary action. An evaluation will be made regarding the trustworthiness and reliability impact of the legal action on my unescorted access authorization and/or unescorted access. The determination of what constitutes a legal action is a matter of state law but, in general, the term legal action means:

A formal action taken by a law enforcement authority or court of law which requires a court appearance or includes being held, detained, 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 physically taken into custody, and includes the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or conviction in response to the following activities: (1) The use, sale or possession of illegal drugs; (2) The abuse of legal drugs or alcohol; or (3) The refusal to take a drug or alcohol test.

I understand that if I am granted unescorted access and am currently enrolled in a Fitness for Duty follow-up testing program, testing will continue to be conducted as indicated in PADS and as agreed upon by me at the site that enrolled me in the program.

I have been advised of my right to request to review the information developed to assure its accuracy and completeness. I understand that the information collected during the conduct of the background investigation will be retained and must be made available to any other nuclear power plant where I may request access. It will only be used in determining my eligibility to be certified UAA or granted UA. This information will be retained for a period of time after the last termination of my unescorted access authorization / unescorted access.

I have the following additional comments concerning this statement:

The information I have provided on this PHQ is accurate and correct.

Applicant's Printed Name

Social Security No.

Applicant's Signature

Date