

Entergy Nuclear South (ENS)

Personal History Questionnaire (PHQ) Instructions

Determine which classification applies to you and complete the appropriate PHQ Scope. Contact the applicable ENS nuclear site for questions or for instructions related to submitting the PHQ.

Arkansas Nuclear One – (479) 858-6837

Grand Gulf Nuclear Station – (601) 437-2325

River Bend Station – (225) 381-3679

Waterford 3 Nuclear Power Station – (504) 739-6890

Initial Background Investigation (worker has not had unescorted access to a commercial nuclear facility within the last 3 years)

- **Complete all sections**
 - **List all employment/un-employment periods (including Military service) for the past 3 years**
 - **List all education during the past 5 years**

Update Background Investigation (worker has had unescorted access at a commercial nuclear facility within the last 3 years, but not within the last 365 days)

- **Complete all sections**
 - **List all employment/un-employment periods (including Military service) since unescorted access was last held**
 - **List any education since unescorted was last held**

Update Background Investigation (worker has had unescorted access at a commercial nuclear facility within the last 365 days)

- **Complete all sections**
 - **List all employment/un-employment periods (including Military service) since unescorted access was last held**
 - **List any education since unescorted was last held**

PERSONAL INFORMATION FORM

U.S. SOCIAL SECURITY NUMBER _____

COMPANY _____

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

DATE OF BIRTH _____

MAIDEN OR OTHER NAMES KNOWN BY _____

HOME 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) _____

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

[] 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

CONSENT

Entergy Operations, Inc./Entergy Nuclear Operations, Inc. have 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. The results of this determination must be available to other power reactor licensees.

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 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 will include, but is not limited to:

- Name and Social Security Number;
- Demographic (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 unescorted access has been authorized or terminated;
- Date of any denial of access and the company holding the relevant information;
- Dates associated with FFD follow-up testing, if applicable;
- Annual radiation exposure history;
- Respiratory equipment qualification/fit testing;
- Medical qualification for respirator use;
- Data concerning training required for unescorted access 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 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 all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after unescorted access is last terminated.

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 and 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, thereafter unless I provide a currently valid Consent or it 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 unescorted access.

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 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.

Applicant's Printed Name

Social Security No.

Applicant's Signature

Date

SELF-DISCLOSURE

Since your 18th birthday or since your last unescorted access authorization (UAA) / unescorted access (UA) was favorably terminated, have you:

1. Ever been denied unescorted access authorization at any nuclear power plant, discharged or released from an employment for violating a Fitness-for-Duty program policy?
No [] **Yes** [] Explain, Date, Location, Reason _____

2. Ever been removed from or made ineligible for unescorted access to any nuclear facility, Technical Support Center (TSC) or Emergency Operations Facility (EOF) for a violation of a fitness for duty program?
No [] **Yes** [] Explain, Date, Location, Reason _____

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

4. Ever been informed that you have tested positive for illegal drugs or use of alcohol or have you ever been determined to be impaired on, or during pre-employment testing?
No [] **Yes** [] Explain, Date, Location, Reason _____

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

6. Ever violated an employer's drug or alcohol testing policy, refused to take a drug or alcohol test or have you ever subverted or attempted to subvert a drug or alcohol testing program?
No [] **Yes** [] Explain, Date, Location, Reason _____

7. Ever had legal or employment action taken for alcohol or drug use?
No [] **Yes** [] Explain, Date, Location, Reason _____

MENTAL HEALTH

8. 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

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

Yes Go to A

No Go to B

A. Since you **last lost access** at an Entergy Nuclear site, have you been **HELD, DETAINED, SITED, ARRESTED, INDICTED, TAKEN INTO CUSTODY, CHARGED, FINED, FORFEITED BOND, CONVICTED** for **VIOLATION** of any **LAW, REGULATION** or **ORDINANCE**, including **MILITARY COURT MARTIAL?** (Include traffic violations where drugs and/or alcohol were involved or a traffic violation where you were taken into custody.)
[] NO [] YES (If yes, provide information below)

B. Since your eighteenth birthday have you **EVER** been **HELD, DETAINED, SITED, ARRESTED, INDICTED, TAKEN INTO CUSTODY, CHARGED, FINED, FORFEITED BOND, CONVICTED** for **VIOLATION** of any **LAW, REGULATION** or **ORDINANCE**, including **MILITARY COURT MARTIAL?** (Include traffic violations where drugs and/or alcohol were involved or a traffic violation where you were taken into custody.)
[] NO [] YES (If yes, provide information below)

=====

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? [] **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? [] **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? [] **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? [] **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? [] **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	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
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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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
---------------------------------------	--------------------------------	--	---------------------------------------

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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
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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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
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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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
---------------------------------------	--------------------------------	--	---------------------------------------

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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
---------------------------------------	--------------------------------	--	---------------------------------------

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
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS		REFERENCE CONTACT NUMBER

UNEMPLOYED FROM _____ TO _____	Activities during unemployment	Name, Phone No. of Person who can verify	Name, Phone No. Person who can verify
---------------------------------------	--------------------------------	--	---------------------------------------

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

EDUCATION in LIEU OF EMPLOYMENT:

List any education attended 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?		MAJOR	TYPE OF DEGREE
	FROM	TO	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. 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 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	TELEPHONE NUMBER ()	TYPE OF DISCHARGE
ADDRESS OF DUTY STATION / BASE / UNIT	DD-214 PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO - COMPLETE STANDARD FORM 180	

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

ENTERGY 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 five (5) years. For Update, since you last held unescorted access which was terminated favorably. For Reinvestigations, list the past three (3) 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>
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CREDIT HISTORY

Have you had a bankruptcy, financial judgment, charge-off, tax lien, delinquent payment or other financial difficulties in the past seven (7) years?

Yes No (Please circle)

If **Yes**, explain: _____

If you have a credit history documented in a national credit bureau file, consider this form completed and go on to the next page. Your credit will be checked through the national credit agencies.

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 Account number

Address of creditor City State Zip Code

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

Name of creditor Telephone number Account number

Address of creditor City State Zip Code

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

Name of creditor Telephone number Account number

Address of creditor City State Zip Code

NAME: _____ **DATE:** _____

(Please print full name)

Para informacion en espanol, visite www.ftc.gov/credit o escribe 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 CRIMINAL 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 PERSONEL

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 complete 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 if I am granted unescorted access, it is my responsibility, under the Behavioral Observation Program (BOP), to report any arrest to my supervisor or Nuclear Security / Access Authorization in accordance with company procedures. I must also report any arrests from the time I complete this PHQ until I am granted unescorted access. An evaluation will be made regarding the trustworthiness and reliability impact of the arrest on my unescorted access authorization and/or unescorted access. The determination of what constitutes an arrest is a matter of state law but, in general, the term arrest means taken into custody by an officer of the law, incarcerated, or charged in a criminal proceeding but not taken into custody. I further understand that failure to report an arrest as required could result in the denial of my unescorted access authorization and/or unescorted access.

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 granted unescorted access. This information will be retained for a period of time after the last termination of my 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