

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) 914-254-2179 Vermont Yankee (VY) 802-251-0962
- James A. Fitzpatrick (JAF) 315-349-6418 Waterford 3 (WF3) 504-739-6793
- Palisades (PAL) 269-764-2460

PERSONAL HISTORY QUESTIONNAIRE (PHQ) AND SELF-DISCLOSURE

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

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the licensee or approved contractor/vendor (approved C/V) to which you are applying for unescorted access authorization (UAA), unescorted access (UA), Fitness for Duty Authorization (FFDA), construction access (CON) and/or access to safeguards information (SGIA) requires that you consent to undergo a background screening process. The purpose of the screening process is to determine your trustworthiness and reliability to work within the protected and vital areas of a NPP. Information from this form will be used to conduct a background investigation for access authorization purposes as required by the NRC.

You must provide all information requested in a complete and accurate manner. Your signature on the document is your certification that the information you have provided is complete and correct. Providing deliberate or willful misleading statements to any NPP with the intent to gain access is a violation of Federal regulations. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of UAA/UA/FFDA/CON/SGIA and/or access to safeguards information. Failure to report and list reasons for any previous suspension, revocation or denial of UAA/UA/FFDA/CON/SGIA and/or access to safeguards information at a NPP or other entity subject to either the NRC UAA/UA/FFDA/CON/SGIA regulations may be sufficient cause for denial or revocation of UAA/UA/FFDA/CON/SGIA and/or access to safeguards information. If such an instance is detected the plant is required to advise the NRC. The NRC may investigate you and, if appropriate, criminal and civil sanctions may be imposed against you if deemed material by the NRC. When such instances have previously occurred, the result has been a lengthy (five-year) or permanent exclusion from work at nuclear power plants in the United States.

The facts concerning your criminal history or fitness-for-duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is therefore required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources. All information requested is needed for the purpose established by NRC regulation. Results of the investigation will be available as specified in your signed Consent form, to entities authorized by the NRC pursuant to regulations. In some of the sections of the PHQ you are required to provide your personal information; in other sections you will be required to acknowledge that you understand certain on-going requirements or personal responsibilities. The information requested may include any or all of the following topics: verification of identify, self-disclosure data, employment/unemployment history (including military service and/or education in lieu of employment), criminal history, credit history, character references, residences, and fitness-for-duty history. When not in use, your written information is stored in a secure environment, which may include being electronically placed in a secure database, to prevent unauthorized disclosure of personal information.

The licensee requesting the completion of this document may require your Social Security Number (SSN), the last 4 digits of your SSN and/or provide you with a protected unique identification number or password linked to you for use on this form. The NRC requires the verification of true identify and you will be required to disclose your SSN that will be maintained for the same period as your personal information contained on this PHQ.

Have you ever applied for or been granted Unescorted Access Authorization/Unescorted Access/Fitness for Duty Authorization to a nuclear power plant or nuclear power plant under construction? Yes No

If Yes, last UAA/UA/FFDA was terminated

Favorable	Unfavorable	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plant Name _____

Date Terminated _____

Have you ever applied for or been granted access to Safeguards Information (SGI) at a nuclear power plant or nuclear power plant under construction? Yes No

If Yes, last period of SGI access was terminated

Favorable	Unfavorable	Current
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plant Name _____

Date Terminated _____

To be Completed by Access Authorization Personnel

Type of Investigation	<input type="checkbox"/> SGI Only	<input type="checkbox"/> Self Screener	Date From: to Present
<input type="checkbox"/> INI – INITIAL Background Investigation (3 yrs prior or since 18 th Birthday):			
<input type="checkbox"/> INI – INITIAL Background Investigation (FFD/PDI Additional 2 years):			
<input type="checkbox"/> UPA – UPDATE BI (Access Loss <u>Greater Than</u> 365 Days):			
<input type="checkbox"/> R1Y – REINSTATEMENTBI (Access Loss <u>Greater Than</u> 30 Days):			
<input type="checkbox"/> R30– UAA/UA <u>Less Than</u> 30 Days	<input type="checkbox"/> RCUR – UAA/UA Current	<input type="checkbox"/> RNV - REINVESTIGATION	

NAME: _____

Last 4 Digits of SSN: _____

PERSONAL INFORMATION FORM

INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY QUESTIONNAIRE:

Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access authorization, unescorted access, fitness for duty authorization, construction access or safeguards information access (UAA/UA/FFDA/CON/SGIA) at a nuclear power plant (NPP). Please type or print, using a dark ink (e.g., black, blue, etc.) suitable for copying, answers to all questions and requests for information. Line out and initial mistakes. After completing the PHQ, review the questionnaire to ensure there are no omissions and your printed name and last 4 Digits of your Social Security Number (SSN) or other unique ID Number are included on each page.

U.S. SOCIAL SECURITY NUMBER OR ALTERNATE ID NUMBER		DATE OF BIRTH	COMPANY	
LAST NAME		FIRST NAME	MIDDLE	
MAIDEN OR OTHER NAMES KNOWN BY		HOME TELEPHONE	CELL TELEPHONE	
PERMANENT ADDRESS:	STREET	CITY	STATE	ZIP CODE
EMAIL ADDRESS		COUNTRY(IES) OF CITIZENSHIP		
PLACE OF BIRTH:	CITY	STATE (IF US)	COUNTRY	

IF YOU ARE NOT A US CITIZEN AND WERE NOT BORN IN THE UNITED STATES, PROVIDE THE APPLICABLE INFORMATION SPECIFIED BELOW:

Port of Entry into the United States		Date of Entry	Source (e.g. Passport)	
Issuing Country(ies)	Number	Date of Issue	Expiration Date	
Visa Type	Visa Number	Expiration Date		

List all residences of greater than 30 days where you have lived. For Initial: for the past seven (7) years. For Update or R1Y: since you last held unescorted access which was terminated favorably. For Reinvestigations: list the past five (5) years:

Previous Address: Date From: _____	_____ (NUMBER, STREET, CITY, STATE AND ZIP CODE)
Date To: _____	
Previous Address: Date From: _____	_____ (NUMBER, STREET, CITY, STATE AND ZIP CODE)
Date To: _____	
Previous Address: Date From: _____	_____ (NUMBER, STREET, CITY, STATE AND ZIP CODE)
Date To: _____	
Previous Address: Date From: _____	_____ (NUMBER, STREET, CITY, STATE AND ZIP CODE)
Date To: _____	

Driver's License #: _____	State of Issue: _____	Expiration Date: _____			
If No Driver's License, Explain: _____					
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	_____	_____
Gender	Height (Feet/Inch)	Weight (Lbs)	Eye Color	Hair Color	Race

To be Completed by Access Authorization Personnel

Verified Photo ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
Signature / Date	Type of ID: (if Passport, Reference EN-NS-101)

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; take my fingerprints and associated biographic identifiers to conduct a check of the criminal history information records contained within the Federal Bureau of Investigation's (FBI's) Next Generation Information (NGI) System and the National Crime Information Center (NCIC) and retain the submitted information in the FBI's collection of fingerprints and submitted information where it will be subject to comparisons against other submissions including latent fingerprints received by the FBI; retain personal information provided for investigation; and transfer information from other licensees, approved contractors/vendors (approved CV), as necessary, including: (i) information pertaining to the denial of unescorted access authorization (UAA) or unescorted access (UA), fitness-for-duty authorization (FFDA), safeguards information access (SGIA) or unescorted access to a nuclear power plant under construction, construction access (CON), to determine whether to certify UAA, grant UA/FFDA to a U. S. NRC-licensed facility and to allow me to maintain such access; or (ii) information pertaining to denial of access to Safeguards Information.

With the exception of CHRI collected under 10 CFR 73.57, the information collected will only 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 FFDA 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 or approved C/V for another purpose. CHRI may only be used for the purposes of determining whether a person is suitable for unescorted access to a nuclear power plant or for access to Safeguards Information, and may not be used for any other purpose.

I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency by the licensee or contractor/vendor (C/V).

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 certifying UAA, granting UA/FFDA, while maintaining UAA/UA; granting access to a nuclear power plant under construction; and before granting access to safeguards information. The results of this determination must be available to other NRC licensed facilities.

Any of the following actions related to the providing and sharing of personal information is sufficient cause for denial or unfavorable termination of UAA/UA/FFDA, 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 the 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 Programs*, 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 Programs*, and/or 10 CFR 73.21, 73.22 or 73.23, *Protection of Safeguards*; and
- Failure to report any legal actions in accordance with 10 CFR 73.56(g).

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/FFDA/SGIA 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;
- 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, access to a nuclear power plant under construction, and/or access to Safeguards Information 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;

CONSENT

- Data concerning training required for UAA/UA/FFDA, 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 understand that information contained within an FBI CHRI obtained for UAA/UA and SGIA purposes will be restricted to the NRC, nuclear licensee facilities regulated by the NRC, and myself, and that the criminal history information will not be released to contractor/vendors or their agents.

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 last paragraph of the previous page), 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/FFDA, 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/FFDA, 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 for compliance with 10CFR810, *Assistance to Foreign Atomic Energy Activities*, and/or for access to Safeguards Information.

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/FFDA, nuclear power plant construction site access, safeguards information access 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/FFDA, nuclear power plant construction site access, safeguards information access, and/or FFD programs, 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/FFDA, 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/FFDA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA/FFDA 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 if I determine that in accordance with 28 CFR 16.34, *Procedure to obtain change, correction or updating of identification records*—If, after reviewing my identification record, I believe that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, I may make application directly to the agency which contributed the questioned information. I may also direct my challenge as to the accuracy or completeness of any entry on your record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

CONSENT

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 business days, with a printed copy of the information about me which is recorded in the Personnel Access Database System (PADS). 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 UAA/UA/FFDA/SGIA/CON. 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, FFDA 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 Operations, Inc./Entergy Nuclear Operations, Inc.), or Entergy Operations, Inc./Entergy Nuclear Operations, Inc. 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 Operations, Inc./Entergy Nuclear Operations, Inc.), Entergy Operations, Inc./Entergy Nuclear Operations, Inc., or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.

Entergy Nuclear may require the Social Security Number (SSN), the last 4 digits of the SSN and/or provide a protected unique identification number or password linked to the individual completing the Consent.

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/FFDA, access to a nuclear power plant construction site and/or access to Safeguards Information is dependent upon my accepting the regulatory requirements of the UAA/UA/FFDA/SGIA/CON programs, 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 Number

Applicant's Signature

Date

EMPLOYMENT/UNEMPLOYMENT

Investigation Period: _____ to Present

Provide employment or unemployment information for the past three (3) years, since your 18th birthday or since your last UAA/UA which was terminated favorably, whichever is shorter. Use continuation pages as necessary. Start with your current or most recent employment or unemployment period and work back in time. Do not leave any gaps. List self-employment and any employment in a foreign country. List full company name (avoid abbreviations). Job sites must be listed for each employer. If you worked multiple job sites while employed by a single employer, list them in here. 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 or business agent to verify unemployment.

Note: If you held a contract with the licensee or other company, report the contract period as employment and list the contract administrator in the "Contact" field.

UNEMPLOYMENT FROM: _____ TO: _____	Person who can verify Name: _____ Phone Number: _____	Person who can verify Name: _____ Phone Number: _____
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Activities during this period: _____

DATE EMPLOYED FROM: _____ TO: _____	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER: _____	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: _____ TO: _____	Person who can verify Name: _____ Phone Number: _____	Person who can verify Name: _____ Phone Number: _____
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Activities during this period: _____

DATE EMPLOYED FROM: _____ TO: _____	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER: _____	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: _____ TO: _____	Person who can verify Name: _____ Phone Number: _____	Person who can verify Name: _____ Phone Number: _____
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Activities during this period: _____

DATE EMPLOYED FROM: _____ TO: _____	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER: _____	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: _____ TO: _____	Person who can verify Name: _____ Phone Number: _____	Person who can verify Name: _____ Phone Number: _____
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Activities during this period: _____

NAME: _____

Last 4 Digits of SSN: _____

EMPLOYMENT/UNEMPLOYMENT

DATE EMPLOYED FROM: TO:	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER:	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: TO:	Person who can verify Name: Phone Number:	Person who can verify Name: Phone Number:
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Activities during this period:

DATE EMPLOYED FROM: TO:	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER:	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: TO:	Person who can verify Name: Phone Number:	Person who can verify Name: Phone Number:
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Activities during this period:

DATE EMPLOYED FROM: TO:	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER:	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

UNEMPLOYMENT FROM: TO:	Person who can verify Name: Phone Number:	Person who can verify Name: Phone Number:
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Activities during this period:

DATE EMPLOYED FROM: TO:	ADDRESS/CITY/STATE/ZIP CODE	TELEPHONE NUMBER
EMPLOYMENT: NAME OF EMPLOYER:	SUPERVISOR OR CONTACT NAME	POSITION HELD
NAME OF JOB SITE LOCATION/CITY/STATE		REASON FOR LEAVING (PLEASE CIRCLE) <input type="checkbox"/> ROF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED
REFERENCE FOR SELF-EMPLOYMENT / EMPLOYER OUT OF BUSINESS	REFERENCE CONTACT NUMBER	ELIGIBLE FOR REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME: _____

Last 4 Digits of SSN: _____

EDUCATION/REFERENCES/MILITARY

EDUCATION IN LIEU OF EMPLOYMENT:

List any education enrolled in lieu of employment with education as your primary activity, during the last 5 years or since you last held unescorted access authorization or unescorted access. **NOTE:** Except for the winter-spring semester/quarter breaks, as defined in the educational institution's calendar, record all other breaks in education greater than 30 days (e.g. spring-fall semester/quarter) within the Employment/Unemployment History Section.

NO APPLICABLE EDUCATION based on the scope described above

NAME OF EDUCATIONAL INSTITUTE	DATES ATTENDED		DID YOU GRADUATE?		DISCIPLINARY ACTION?		MAJOR & TYPE OF DEGREE Or If you did not graduate, reason for leaving
	FROM	TO	YES	NO	YES	NO	
	MO / YR	MO / YR					
School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address							
School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address							
School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address							

PERSONAL REFERENCES:

List three persons who are available for immediate contact, who can comment on your character and reputation, and who have had recent (within the past 6 months) contact with you. Additionally, personal references cannot be a known close relative (i.e. spouse, parent, sibling, or child) and cannot be living in your household at the time you complete this application. They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships. Provide actual home street addresses, not post office box numbers. **List telephone numbers and email addresses** where each reference can be contacted.

NAME	KNOWN SINCE:	ADDRESS	TELEPHONE NUMBERS <i>Include Area Code</i>
Mr. Mrs. Ms Both			
	Email:		
Mr. Mrs. Ms Both			
	Email:		
Mr. Mrs. Ms Both			
	Email:		

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 GUARD / 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, EXPLAIN:
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: _____ Last 4 Digits of SSN: _____

CREDIT HISTORY

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

For the purpose of evaluating my application for or maintenance of, nuclear power plant access authorization (UAA/UA/FFDA), 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 Consumer Financial Protection Bureau). Entergy Nuclear may require the Social Security Number (SSN), the last 4 digits of the SSN and/or provide a protected unique identification number or password linked to the individual completing the Fair Credit Reporting Act Disclosure and Authorization Statement.

I have read and understand this Consent and authorize Entergy Operations, Inc./Entergy Nuclear Operations, Inc. to take such actions as are described herein.

Within the past seven (7) years or since age 18, whichever is less, have you had any of the following:

- | | | |
|--|-----------------------------|------------------------------|
| A delinquent payment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| A bankruptcy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| A financial judgment against you? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| A charge-off? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| A tax lien or a tax lien from not filing federal or state income taxes? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other financial difficulties (e.g., accounts currently in collection) within the past (7) years? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
- If yes, Explain, provide details below to include the reason and when
-
-

If you have a credit history documented in a national credit bureau file, consider this form complete. 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** within the past seven (7) years or since age 18, whichever is less, (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:

NAME OF CREDITOR	TELEPHONE #	FROM:	TO:
ADDRESS OF CREDITOR	CITY	STATE	ZIP CODE

2. Credit Reference:

NAME OF CREDITOR	TELEPHONE #	FROM:	TO:
ADDRESS OF CREDITOR	CITY	STATE	ZIP CODE

3. Credit Reference:

NAME OF CREDITOR	TELEPHONE #	FROM:	TO:
ADDRESS OF CREDITOR	CITY	STATE	ZIP CODE

Applicant's Printed Name

Social Security Number

Applicant's Signature

Date

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau 1700 G Street N.W., Washington, D.C. 20552.**

- **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 daysIn addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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--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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:

1. a. Banks, savings associations, *and* credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center—
FCRA

Washington, DC 20580

(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group

1301 McKinney Street, Suite 3450

Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center

P.O. Box 1200

Minneapolis, MN 55480

c. FDIC Consumer Response Center

1100 Walnut Street, Box #11

Kansas City, MO 64106

d. National Credit Union Administration

Office of Consumer Protection (OCP)

Division of Consumer Compliance and Outreach (DCCO)

1775 Duke Street

Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings

Aviation Consumer Protection Division

Department of Transportation

1200 New Jersey Avenue, SE

Washington, DC 20590

Office of Proceedings, Surface Transportation Board

Department of Transportation

395 E Street SE

Washington, DC 20423

Nearest Packers And Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access

United States Small Business Administration

409 Third Street, SW, 8th Floor

Washington, DC 20416

Securities and Exchange Commission

100 F St NE

Washington, DC 20549

Farm Credit Administration

1501 Farm Credit Drive

McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or

Federal Trade Commission: Consumer Response Center

FOREIGN TRAVEL

In the last five years, since your 18th birthday, or since your last period of unescorted access that was terminated favorably, whichever period is shorter, have you traveled to any foreign country?

Yes

No

Do not include travel when in the service of any US government agency (e.g., US Military, State Department, etc.)

Note: If a single trip encompassed multiple countries, please explain.

If you answered “Yes” please provide the following details:

Country Name:
Date Departed United States: From:
Date Returned to United States: To:
Purpose of Travel:

Country Name:
Date Departed United States: From:
Date Returned to United States: To:
Purpose of Travel:

Country Name:
Date Departed United States: From:
Date Returned to United States: To:
Purpose of Travel:

Country Name:
Date Departed United States: From:
Date Returned to United States: To:
Purpose of Travel:

Country Name:
Date Departed United States: From:
Date Returned to United States: To:
Purpose of Travel:

NAME: _____

Last 4 Digits of SSN: _____

LEGAL ACTION

CAUTION: PROVIDING FALSE or DELIBERATE MISLEADING STATEMENTS or OMISSIONS OF FACT MAY BE SUFFICIENT GROUNDS FOR DENIAL OF UNESCORTED ACCESS.

List all legal actions since your 18th birthday, or since your last held unescorted access which was terminated favorably, whichever period is shorter.

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:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. failed to appear in court for any offense(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently under indictment, on probation, on parole, work release, or subject to any other control of a court order of protection (e.g., Sex Offender Registry)? | <input type="checkbox"/> | <input type="checkbox"/> |

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 Legal Action or reason held or detained _____	Offense Date: _____
Arresting Agency _____	Location _____
Disposition: <input type="checkbox"/> Convicted <input type="checkbox"/> Not Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Other:	
Was a weapon used in committing the offense? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

NAME: _____

Last 4 Digits of SSN: _____

LEGAL ACTION

Type of Legal Action or reason held or detained	Offense Date:
Arresting Agency	Location
Disposition: <input type="checkbox"/> Convicted <input type="checkbox"/> Not Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Other:	
Was a weapon used in committing the offense? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Legal Action or reason held or detained	Offense Date:
Arresting Agency	Location
Disposition: <input type="checkbox"/> Convicted <input type="checkbox"/> Not Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Other:	
Was a weapon used in committing the offense? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Legal Action or reason held or detained	Offense Date:
Arresting Agency	Location
Disposition: <input type="checkbox"/> Convicted <input type="checkbox"/> Not Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Other:	
Was a weapon used in committing the offense? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Legal Action or reason held or detained	Offense Date:
Arresting Agency	Location
Disposition: <input type="checkbox"/> Convicted <input type="checkbox"/> Not Convicted <input type="checkbox"/> Pending <input type="checkbox"/> Other:	
Was a weapon used in committing the offense? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	

NAME: _____

Last 4 Digits of SSN: _____

SELF DISCLOSURE INFORMATION

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

Answer each question by checking either **Yes** or **No** as it pertains to you. For each **Yes** answer include the specific type of issue, duration and resolution including but not limited to the reason for an unfavorable termination or denial of UAA/UA and/or safeguards information access. Details may include but are not limited to date, name and location name of the employer or potential employer involved (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

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

1. Have you violated a licensee or employer's fitness-for-duty policy?

No Yes Explain, Date, Location, Description of Incident:

2. Have you been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant, nuclear power plant under construction, or denied access to Safeguard Information 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, Description of Incident:

3. Have you used, sold or possessed illegal drugs (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under a state law)?

No Yes Explain, Date, Location, Description of Incident:

4. Have you abused legal drugs or alcohol?

No Yes Explain, Date, Location, Description of Incident:

5. Have you ever subverted or attempted to subvert a drug or alcohol testing program?

No Yes Explain, Date, Location, Description of Incident:

NAME: _____ Date: _____ Last 4 Digits of SSN _____

SELF DISCLOSURE INFORMATION

6. Have you refused to take a drug or alcohol test?
 No Yes Explain, Date, Location, Description of Incident:

7. Have you been subject to a plan (except self-referral) for treating substance abuse?
 No Yes Explain, Date, Location, Description of Incident:

8. Have you 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 (Including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under a state law)?
 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 yes, Explain, Date, Location, Description of Incident:

9. Have you 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 yes, Explain, Date, Location, Description of Incident:

10. Are you currently in a fitness-for-duty follow-up testing program?
 No Yes Explain, Date, Location, Description of Incident:

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.

NAME: _____ Date: _____ Last 4 Digits of SSN _____

NRC ESCALATED ENFORCEMENT ACTION

Note: Occasionally, the NRC takes enforcement action against individuals working under the NRC's jurisdiction. When the NRC loses reasonable assurance that an individual is willing or able to comply with NRC requirements, typically demonstrated by deliberate misconduct, the agency may issue an enforcement order that includes a prohibition against all or some forms of NRC licensed activities. In addition, the NRC may engage in alternative dispute resolution with an individual who the NRC believes has willfully violated NRC requirements. Through alternative dispute resolution, the NRC may issue a confirmatory order that includes an agreed-upon period of prohibition from all or some types of NRC-licensed activities. In less significant cases, the agency may issue a notice of violation to an individual.

Have you ever been issued an NRC Escalated Enforcement Action? Yes No

If yes, please provide details:

NAME: _____ Last 4 Digits of SSN: _____

FINGERPRINT INFORMATION FOR FBI CRIMINAL HISTORY

The Nuclear Regulatory Commission regulation (10 CFR § 73.57) which implements Public Law 99-399 "Omnibus Diplomatic Security And Anti-Terrorism Act Of 1986" requires licensees to take the fingerprints of persons seeking unescorted access to nuclear power facilities or access to safeguards information and submit those prints to the FBI (through the NRC), requesting criminal history checks.

In accordance with 28 CFR 16.34, *Procedure to obtain change, correction or updating of identification records*—If, after reviewing your identification record, you believe that it is incorrect or incomplete in any respect and wish changes, corrections or updating of the alleged deficiency, you should make application directly to the agency which contributed the questioned information. You may also direct your challenge as to the accuracy or completeness of any entry on your record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

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.

In accordance with 28 CFR 16.32, *Procedure to obtain an identification record*, you may obtain a copy thereof by submitting a written request via the U.S. mails directly to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Such request must be accompanied by satisfactory proof of identity, which shall consist of name, date and place of birth and a set of rolled-inked fingerprint impressions placed upon fingerprint cards or forms commonly utilized for applicant or law enforcement purposes by law enforcement agencies.

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 authorization/unescorted access to the nuclear power facility or to safeguards information has been denied or terminated.

I have the following additional comments concerning criminal history:

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

Applicants Social Security No

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

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 UAA/UA/FFDA/CON/SGIA. 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 certified UAA or granted UA/FFDA/CON/SGIA, 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/FFDA/CON/SGIA. Failure to report a legal action may result in denial of UAA/UA and disciplinary action. An evaluation will be made regarding the impact of the legal action on myUAA/UA/FFDA/CON/SGIA. 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 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 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: (1) The use, sale and/or possession of illegal drugs (***including controlled substances determined to be illegal under federal law, such as marijuana, but deemed legal under a state law***); (2) The abuse of legal drugs and/or alcohol; or (3) The refusal to take a drug and/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/UA/FFDA/CON/SGIA. This information will be retained for a period of time after the last termination and/or denial of my UAA/UA/FFDA/CON/SGIA.

I have the following additional comments concerning this statement:

I have read and understand the instructions for filling out this PHQ and the information I have provided on this PHQ is accurate and correct. By my signature below, I certify that I have read this notification and understand my obligation to report legal actions from the signing of this document until authorization is terminated.

Applicant's Printed Name

Applicants Social Security No

Applicant's Signature

Date