

Location Key

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DATES LAST BADGED _____

From: _____ To: _____

SITE: _____

PLACE LABEL HERE

BHD

CSI

CWE

IDS

WAC

Accepted By: (Initial/Date)

NAME: _____

Last

First

Middle

SOCIAL SECURITY NUMBER: _____

STATION: _____

EXELON

REINSTATEMENT

PERSONAL HISTORY QUESTIONNAIRE

for

UNESCORTED ACCESS

CONFIDENTIAL

Please answer **ALL** questions. Be as specific as possible. Please print your answers to all questions and requests for information. Some questions are followed by requests for additional data. Use page 14 or attach additional pages. Each additional page should contain your name, social security number, and number of the question(s) being answered.

All information on this questionnaire must be complete and accurate. Providing deliberate or willful misleading statements to any Nuclear Power Plant (NPP) with the intent to gain access is a violation of Federal Regulations. Any misrepresentation, deliberate misstatement, falsification or willful omission may constitute cause for denial or revocation of unescorted access authorization. Failure to report and list reasons for any previous suspension, revocation or denial of unescorted access to a NPP or other entity subject to either the NRC Access Authorization or Fitness-For-Duty Regulation may be sufficient cause for denial or revocation of unescorted access authorization or security clearance. If such an instance is detected, the plant is required to advise the NRC. The NRC may investigate you and, if appropriate, criminal and civil sanctions may be imposed against you if deemed material by the NRC. Exelon Nuclear or their agents will verify all information.

When completed, this form is considered to be **CONFIDENTIAL**. Please review the questionnaire to ensure there are no omissions and your printed name and social security number are on each page. It shall be checked for completeness and forwarded to the appropriate Nuclear Security Office.

Please note that this questionnaire is a separate document and has no correlation with application for employment or resume, and must be completed in its entirety.

I have read and understand the instructions for filling out this PHQ. _____
(Initial/Date)

Special Instructions

Additional Interview Required: _____

Passport: _____





52069

Exelon Nuclear Screening Consent Form

Revision 5
March 2009

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school (University, College, High School, Trade School or other); or any Department or Agency of a City, County or State Government, or the Federal Government.

I hereby authorize Exelon Nuclear, or its authorized agent, to conduct a background investigation in accordance with 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, drug and alcohol testing and suitable inquiries in accordance with 10 CFR Part 26, Fitness for Duty. I authorize all persons who may have information relevant to this investigation to disclose it to Exelon Nuclear or its agents. I hereby further authorize that a photocopy of this authorization may be considered valid as an original. This information shall be protected and only disclosed as provided for in 10 CFR 73.56 and 10 CFR Part 26.

I agree that any information received as result thereof may be transferred by Exelon Nuclear to those employees and/or their agents or the nuclear plant licensees who have a "need to know" such information in order to process persons for Unescorted Access Authorization (UAA), Unescorted Access (UA), or a separate Fitness For Duty Authorization (FFDA). This information will be used only for nuclear site access or safeguards authorization purposes.

I further certify by my signature on this form that conviction and non-conviction information from Federal Bureau of Investigation (FBI) criminal history files obtained by Exelon Nuclear pursuant to 10 CFR 73.57 may be shared with contractors and agents of Exelon Nuclear for purposes of performing activities relating to the investigation of my suitability for unescorted access at Exelon Nuclear Stations or other licensed nuclear facilities. I further understand a re-investigation will be repeated every three or five years, as applicable.

Prior to any adverse action, you will be notified and will be given an opportunity to clarify information and testify on your behalf.

28CFR16.34 "if, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATT: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."

All Access authorization and Fitness for Duty information obtained will be kept on file in the appropriate Regional office for a period of five years following termination of unescorted access or as defined in 10 CFR 73.56 and 10 CFR Part 26. I may, upon written request, arrange to review the information in the appropriate Regional office to assure its accuracy and completeness. The information collected may be released or transferred only upon written authorization.

I further certify to the best of my knowledge that all information provided on this Questionnaire is correct and accurate, and I understand that any refusal to provide written consent for the suitable inquiry or the sharing of personal information with the licensees, the refusal to provide or the falsification of any personal information including but not limited to the failure to report any previous denial or unfavorable termination of authorization, and any deception, willful or intentional acts of omission or untruthfulness including misrepresentation, may constitute cause for denial or unfavorable termination of authorization to Exelon Nuclear Stations.

Print Name

Signature

Social Security Number

□□□ - □□ - □□□□

Date Signed (MM/DD/YYYY)

□□ / □□ / □□□□

EXELON ACCESS AUTHORIZATION AND LEGAL ACTION REPORTING PROGRAM DISCLOSURE STATEMENT

The Legal Action Reporting Program is applicable to all personnel who maintain unescorted access or formally apply for unescorted access authorization (UA/UAA) to meet the requirement for reporting legal actions including arrests (e.g., criminal charges, convictions or proceedings defined below). All legal actions including arrests must be reported to the employee's supervisor **and** Exelon Station Security responsible for Access Authorization and Fitness For Duty. Failure to report could result in denial of unescorted access authorization and disciplinary action up to and including termination. Subsequent to any legal actions including arrests, individuals are required to report this on the first day back to work and/or in-processing activities.

Upon signing this Personal History Questionnaire, you are required to report **ALL** legal actions including arrests **PRIOR** to gaining UAA/UA and **DURING** UAA/UA.

Legal Action - 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 (e.g., felony, misdemeanor, traffic or military criminal history, etc.), or the mandated implementation of a plan for treatment or mitigation in order to avoid a permanent record of an arrest or conviction in response to the following activities:

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

Arrest--Any incident such as an arrest, criminal charges, convictions or proceedings where an individual was held, detained, taken into custody, indicted, fined, forfeited bond or cited for a violation of any law, regulation or ordinance. This includes misdemeanors, felonies, summary offences, or military criminal history to include court martial or non-judicial punishment, guilty pleas, nolle contendere, any suspended sentences, pre-trial diversions, dismissals, nolle prosequere or first offender cases and traffic tickets (excluding city ordinances and citations where a court appearance was not required, non-injury traffic, speeding and parking offenses). **ALL drug and alcohol related arrests must be reported.**

Behavioral Observation Program (BOP) -- An awareness program that meets requirements of both the access authorization and fitness for duty programs. Personnel are trained to report legal actions; to possess certain knowledge and abilities (K&A's) related to drugs and alcohol and the recognition of behaviors adverse to the safe operation and security of the facility by observing the behavior of others in the workplace and detecting and reporting aberrant behavior or changes in behavior that might adversely impact an individual's trustworthiness or reliability, and undergo an annual supervisor review.

BOP also includes, recognition that changes in emotional state can happen quickly; typical conditions which trigger behavioral anomalies; the need for early intervention after recognition of changes in behavior which typically indicate changes in emotional state; the recognition of uncharacteristic deviations in collegial interactions, uncharacteristic absences from work, e.g., unusual interest in or predisposition towards security or operations activities outside the scope of ones normal work assignments or uncharacteristic inattention to detail, or suspected alcohol or drug abuse; and the need to report the above conditions to the employee's assigned supervisor or Security.

A Supervisory review shall be conducted on a nominal annual basis for each individual with UAA/UA. Reviews will be conducted by your immediate supervisor. The review shall be based on interactions with you over the review period, it is not intended to be face to face or replace daily responsibilities within the BOP procedure.

EXELON ACCESS AUTHORIZATION PROGRAM FOR CANCELLING UNESCORTED ACCESS

When unescorted access is no longer needed, you will upon final exit, comply with out-processing requirements and return your security badge to Security, if applicable. Failure to promptly out-process may result in a security restriction for one (1) to five (5) years for site access and may affect your ability to work within the nuclear industry.

I acknowledge that I have read, understand and will comply with Exelon's Access Authorization and Legal Action Reporting Programs.

Print Name

Signature

Date

□□□□ - □□ - □□□□□□

Social Security Number



15910

Exelon PADS Consent Form

Revision 5
March 2009

Exelon has my consent to obtain, retain and transfer information necessary to determine whether to grant me unescorted access to a nuclear power plant and to allow me to maintain such access. The Nuclear Regulatory Commission requires that this information be used in determining that an individual is trustworthy, reliable, and fit-for-duty prior to granting and while maintaining unescorted access. 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 assessment, 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;
- 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 Exelon, 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 Exelon, I may withdraw this Consent, but this will also constitute a withdrawal of my request for authorization. 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 Exelon, 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, or Exelon 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, Exelon 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 Exelon 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 Name (print)

□□□ - □□ - □□□□

Social Security Number

Applicant's Signature

□□ / □□ / □□□□

Date Signed (MM/DD/YYYY)

1. PERSONAL HISTORY

Date:

Last Name

Full First Name

Full Middle Name

Maiden Name (if any)

Aliases (any names previously used including all marital names)

Home Phone No: - -

Cell Phone No: - -

Permanent address:

Number - Street - Apartment No.

City State Zip Code

Date of Birth *MM/DD/YYYY* - - Social Security No.: - - Armed Forces No.

Place of birth: City State Country (US)

Race Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese African American Alaskan Native, Eskimo, Native American
 Caucasian (W) Mexican, Latin, Cuban, Central or South American (W) Unknown (U)

US Citizen? Yes No Male Female

If you were NOT born in the United States, provide the applicable information specified below:

Date Entered USA _____ Port of entry _____
Name at time of entry _____
Alien Registration # _____ Naturalization # _____
Country of Citizenship (country passport issued by) _____

Height ft in Weight (lbs) Hair Color Bald Black Blonde Brown Gray Red White
Eye Color Black Blue Brown Gray Green Hazel Pink

Have you been fired, involuntarily terminated, or forced to leave a job or position, (including military service), except as part of a reduction in force, since your last unescorted access? YES NO



B. SELF-DISCLOSURE: If you answer yes to any of these questions, explain when, where and provide details under each question.

1. Have you ever been denied or had unescorted access authorization terminated unfavorably at any nuclear power plant for any reason including fitness for duty? Yes No

2. Have you 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? Yes No

SINCE YOUR LAST UNESCORTED ACCESS, WHICH WAS TERMINATED FAVORABLY, HAVE YOU:

3. violated a licensee or employer's fitness for duty policy OR are you currently in a fitness for duty follow-up testing program? Yes No

4. subverted or attempted to subvert a drug or alcohol testing program or refused to take a drug or alcohol test? Yes No

5. used, sold, or possessed illegal drugs or abused legal drugs or alcohol? Yes No

6. been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following: 1) The use, sale, or possession of illegal drugs; 2) The abuse of legal drugs or alcohol; 3) The refusal to take a drug or alcohol test? Yes No

7. been subjected to a plan for substance abuse treatment (except for self-referral)? Yes No

8. tested positive for illegal drugs or use of alcohol that resulted in on duty impairment or pre-employment testing OR been subject to employment action taken for alcohol or drug abuse involving any of the following: 1) A change in job responsibilities or removal from a job; 2) Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job? Yes No

Print Name: _____ **Date:** _____ **SS#:** _____



EMPLOYMENT

EMPLOYER'S NAME

DATES EMPLOYED Start MM/DD/YYYY End MM/DD/YYYY

Grid for Employer's Name

ADDRESS

Grid for Address

CITY

Grid for City

STATE ZIP CODE POSITION

Grid for State, Zip Code, and Position

JOB SITE: LOCATION/CITY/STATE

Grid for Job Site

AREA CODE/PHONE NO.

Grid for Area Code/Phone No.

QUIT FIRED LAID OFF
Reason For Leaving

UNEMPLOYED 30 DAYS OR GREATER (IF APPLICABLE)

NAME OF REFERENCE TO VERIFY:

Grid for Name of Reference

AREA CODE/PHONE NO.

Grid for Area Code/Phone No.

DATES UNEMPLOYED Start MM/DD/YYYY End MM/DD/YYYY

EMPLOYMENT

EMPLOYER'S NAME

DATES EMPLOYED Start MM/DD/YYYY End MM/DD/YYYY

Grid for Employer's Name

ADDRESS

Grid for Address

CITY

Grid for City

STATE ZIP CODE POSITION

Grid for State, Zip Code, and Position

JOB SITE: LOCATION/CITY/STATE

Grid for Job Site

AREA CODE/PHONE NO.

Grid for Area Code/Phone No.

QUIT FIRED LAID OFF
Reason For Leaving



