

DATES LAST BADGED:

FROM: _____ TO: _____

SITE: _____

Accepted by: _____

Date: _____

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

STATION: _____

EXELON

SELF-DISCLOSURE

PERSONAL HISTORY QUESTIONNAIRE

for

UNESCORTED ACCESS

CONFIDENTIAL

Please answer **ALL** questions. Please print your answers to all questions and requests for information. Be as specific as possible. Some questions are followed by requests for additional data.

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 to : In-processing

Copy: Cover sheet, page 1 and pages: _____

Copies go to: _____

Demo/CH/SI Reviewed by: _____

ID Verified by: _____ DL _____ State ID _____ Passport _____ Other _____

1. PERSONAL HISTORY

DATE: _____

Name: _____
Last Name Full First Name Full Middle Name Maiden (if any)

Aliases: _____
(any names previously used including all marital names)

Home Phone No: _____
Area Code Phone No.

Cell Phone No: _____
Area Code Phone No.

Permanent Address: _____
Number/ Street City/State/Zip

Social Security No.: _____ US Citizen? Yes () No ()

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) _____

Date of Birth _____ Place of Birth _____
City State Country

Height _____ Weight _____ Male / Female _____ Color Hair _____ Color Eyes _____
(Circle one)

Driver's License No. _____ State of Issue _____ Expires _____

1. If you are using an ID other than your driver's license, please explain below:
2. If your driver's license is revoked or suspended, please explain below:
3. List any significant discrepancies between your ID and demographic information below:

Have you ever been granted unescorted access to any nuclear facility, **other than Exelon**?

Yes () No ()

If yes, where? _____ When? _____

A. CRIMINAL HISTORY

CAUTION: Failure to report any legal action, any deception, willful, or intentional acts of omission or untruthfulness including misrepresentation may constitute cause for denial or unfavorable termination of authorization to Exelon.

List all legal actions since your last unescorted access, which was terminated favorably, 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 all incidents such as an arrest, criminal charges, convictions or proceedings where you have been held, detained, taken into custody, charged, indicted, fined, forfeited bond, cited, convicted for a violation of any law, regulation or ordinance.

You must list felony, misdemeanor, traffic or military criminal history to include court martial or non-judicial punishment including guilty pleas and "nolo contendere" (meaning no contest); any suspended sentences, pre-trial diversions, dismissals, "nolle prosequi" (meaning not prosecuted), first offender cases and summary charges. You may omit 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.**

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

1. BEEN ARRESTED OR HAD LEGAL ACTION AS DESCRIBED ABOVE?
YES () NO () IF YES, EXPLAIN BELOW.

2. ARE YOU CURRENTLY UNDER INDICTMENT, ON PROBATION, PAROLE, OR WORK RELEASE?
YES () NO () IF YES, EXPLAIN BELOW.

LEGAL ACTION / ARREST DATE (MO/DAY/YR)	CHARGE	LOCATION (CITY/STATE)	MISD.	FELONY	PUNISHMENT/PENALTIES/FINE
1.					
2.					
3.					

Explain all occurrences in detail in the space below.

Print Name: _____ **Social Security No.:** _____

B. SELF-DISCLOSURE

If you answer yes to any of these questions, explain when, where and provide details in the space below.

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 ()

Explain all occurrences in detail in the space below.

Print Name: _____ Social Security No.: _____

Exelon Nuclear Screening Consent Form

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

Social Security Number

Signature

Date

EXELON ACCESS AUTHORIZATION PROGRAM AND LEGAL ACTION REPORTING DISCLOSURE STATEMENT

The Legal Action Reporting Program is applicable to all personnel who maintain unescorted access or formally apply for unescorted access authorization (UAA/UA) 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 offenses, 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 tickets 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 supervisory 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 one's 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

Social Security Number

Signature

Date

EXELON FITNESS FOR DUTY PROGRAM POLICY STATEMENT

Exelon has maintained a strong commitment to providing a safe workplace for all personnel. In carrying out that commitment, it is our goal to establish and maintain a work environment that is free from the affects of illegal drugs and alcohol. Exelon is requiring individuals requesting authorization to sign and acknowledge this statement which provides reasonable assurance that personnel working at Exelon Nuclear Power Plants are reliable, trustworthy as demonstrated by the avoidance of substance abuse; are not under the influence of any substance, legal or illegal, or mentally or physically impaired from any cause, which in any way adversely affects their ability to safely and competently perform assigned duties; provide reasonable measures for the early detection of individuals who are not fit to perform their assigned duties; and provide reasonable assurance that the effects of fatigue and degraded alertness on individuals' abilities to perform their duties are managed commensurate with maintaining public health and safety. Any individual who engages in any of the following acts may be in violation of the Company Fitness for Duty Program and will not be allowed access to Exelon's property and may result in criminal prosecution, disciplinary action up to and including termination of employment and/or denial of authorization as described within Exelon Company procedures.

The illegal sale, use, possession, concealment, distribution or purchase of narcotics, drugs, or controlled substances while on or off duty or on Exelon Company property and regardless of whether the drugs are distributed or sold to fellow employees or non-employees is a violation of the Drug and Alcohol Policy and/or the Fitness for Duty Program, is a dischargeable offense and will result in denial of access to Exelon property. All Exelon employees, the employees of all vendors, contractors, or consultants, and all other individuals and their belongings are subject to being searched, including their vehicles, whenever on company property. Station Parking lots are Exelon property. Any illegal substances will be turned over to the appropriate law enforcement agency.

Lacking any other evidence to indicate the use, sale, or possession of illegal drugs or consumption of alcohol on site, a confirmed positive drug or alcohol test, including tests conducted during an assessment or treatment period, must be presumed to be an indication of offsite drug or alcohol use and is in violation of the fitness for duty policy.

Anyone arrested for off-the-job drug or alcohol activity may be considered to be in violation of the Company Drug and Alcohol Policy or the Fitness for Duty Program. It is the individual's responsibility to self-report any legal actions including arrests to their immediate supervisor and Nuclear Security. Legal action which is defined as a formal action taken by a law enforcement authority or court of law, including an arrest, an indictment, the filing of charges, a conviction, or the mandated implementation of a plan for substance abuse treatment in order to avoid a permanent record of an arrest or conviction, in response to any of the following activities; the use sale or possession of illegal drugs, the abuse of legal drugs or alcohol, or a refusal to take a drug or alcohol test.

Some of the drugs which are illegal under federal, state or local laws include, among others, marijuana, heroin, hashish, cocaine, hallucinogens, depressants, stimulants, and other controlled substances not prescribed for current personal treatment by an accredited physician.

Individuals shall report to work fit for duty unimpaired by alcohol, drugs, improper diet, mental stress, fatigue, or illness, and the use of prescription and over the counter medications that could cause impairment. Individuals shall notify their supervisor if there are any conditions that may affect their ability to safely and competently perform their duties including the use of prescription or over-the-counter medication, other than aspirin, aspirin substitute, anti-bacterial, and birth control, to their supervisor and the Nuclear Medical Department. Individuals need not report to supervision what specific medication they are taking.

Anyone under the influence of, or who possess, or consumes drugs or alcohol on duty, has the potential for interfering with their own, as well as their co-workers' safe and efficient job performance and is prohibited. Prevent and report any fitness for duty concerns/actions that threaten company property or workers.

All individuals, Managers, Supervisors and Escorts are responsible to immediately report any observed unusual behavior, suspected drug use, the detected odor of alcohol, or any conditions adverse to station safety for any individuals **escorted** and **unescorted** to their supervisor and/or security.

Abstain from alcohol for at least five (5) hours preceding regularly scheduled work. Failure to meet this requirement could result in violation of the Exelon FFD Program. (Abstinence from alcohol for the five (5) hours preceding any schedule tour of duty is considered a minimum that is necessary, but may not be sufficient, to ensure that the individual is fit for duty.)

Individuals called out for unscheduled work must inform the person calling whether or not they are fit for duty due to any reason including fatigue or have consumed alcohol.

Individuals shall be responsible for evaluating and managing their own personal fitness-for-duty based on impairment from fatigue by:

- Managing their work hours consistent with the objective of preventing impairment from fatigue;
- Verifying their work hours are correctly documented regardless of whether they are paid for the hours worked;
- Making a self-declaration of fatigue when fatigue or reduced mental alertness could negatively affect their job performance and discussing these concerns with supervision;
- Monitoring and reporting concerns related to individuals' Fitness-For-Duty (FFD) based on impairment from fatigue (i.e., Behavior Observation Program); and
- Being aware of the total hours worked in the previous 14 days and notifying management if work hour limits will be exceeded if asked to work additional hours.

Abuse of legal prescription or over-the-counter drugs which could affect an individual's job performance or which could jeopardize the safety of other individuals, the public, or Exelon Company equipment, is a violation of the Company Fitness for Duty Program.

Persons requiring testing include, but are not limited to, job candidates to whom conditional offers of employment have been extended, employees requesting unescorted access to nuclear facilities, employees whose fitness for duty is questioned in a credible allegation, and employees involved in accidents. Refusal to submit to any test is a violation of the Exelon Fitness for Duty Program. A positive test result, indicating that an individual was present on Exelon Nuclear station property while under the influence of drugs or alcohol, is considered a violation of the Fitness for Duty Program.

Individuals shall cooperate fully with the chemical testing program and ensure individuals who are notified that they have been selected for random testing must report to the collection facility within the time period specified.

Cooperate fully with the requirements of the FFD program and do not subvert or attempt to subvert or refuse to provide a specimen for testing.

An Employee Assistance Program (EAP) is available to Exelon employees to provide confidential help for individuals seeking assistance for any problems that may affect their ability to safely and competently perform their duties such as physical illness, mental stress or illness, improper diet, substance abuse or fatigue. Employees may request assistance from the EAP (self-referral) or be referred by their Supervisor, Security, the MRO or the company Medical staff. Contractors can check with their supervision on the availability of an EAP in their company.

When a pre-access drug and alcohol sample is collected for initial, updated or reinstated authorization the individual shall be placed in the random testing program. Individuals who require pre-access testing, but were covered by a Behavioral Observation Program and had negative test results within the last 30 days that meets the testing requirements, shall be placed in the random testing program when Exelon takes the first formal action to grant the applicant unescorted access at Exelon's facility. Anyone who resigns or withdraws their application before authorization is terminated or denied will be denied authorization.

I acknowledge that I have read, understand and will comply with Exelon's Fitness for Duty Policy.

Print Name

Social Security Number

Signature

Date

Exelon PADS Consent Form

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 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