

## SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE "LONG FORM" PHQ

The following is only to amplify the instructions for certain portions of the PHQ.

Please read the instructions for each page/section of the Personal History Questionnaire carefully!! (PHQ)

Section IV (Employment/Unemployment History): See Instructions on page 8 of 27.

### Employment:

- Use full dates (month, day and year)
- Indicate city & state of job location
- Provide at least the city & state of the employer's main office
- Telephone numbers are a "must". (Provide the main office number)
- Provide a "Reason for Leaving" such as RIF/ROF, layoff, quit. If you quit or were fired, give a brief explanation

Unemployment: Simply means the time between your jobs. It has nothing to do with when or if you received compensation from the state.

- You must account for each day (even weekends between jobs).
- You must state an activity. Here are examples:
  - o Looked for work
  - o Traveled to next job
  - o Waiting to start next job (for weekend or 1 day situations)
  - o Vacation

Use your spouse, other relative(s) to verify unemployment activities. **DO NOT** use the unemployment office, or your union local.

When complete, your employment/unemployment history should flow from one period to the next with no gaps in between.

### Military Service: (See page 12 of 27)

You only need to provide a DD Form 214 if you were on active duty as your primary job within the last three (3) years.

If the form is needed, please **DO NOT** send the original document. Send a copy showing the type and reason for discharge (at the bottom), and bring in the original with you if you are dispatched to report to this job.

June 1, 2010

LOCAL UNION CONTACTS FOR THE SONGS JOBSITE

<b>BUILDING TRADES COUNCIL</b> San Diego Building Trades Council 3737 Camino Del Rio South, Suite 202 San Diego, CA 92028 (619) 521-2914 Business Manager: Tom Lemmon	
<b>ASBESTOS WORKERS, LOCAL #5</b> 670 E. foothill Blvd., Unit 2 Azusa, CA 91702-2628 (626) 815-9794 Business Manager: Alfred Montoya Business Agent: Robert Clepper	<b>ELECTRICAL WORKERS, LOCAL #569</b> 215 W. Washington St. San Diego, CA 92103-1995 (619) 298-9387 Business Agent: Duncan Abram Business Agent: Johnny Simpson
<b>BOILERMAKERS, LOCAL #92</b> 2260 Riverside Ave. Bloomington, CA 92316-9998 (909) 877-9389 Business Manager: Eddie Marquez Business Agent: Mark Thomas	<b>IRONWORKERS, LOCAL #229</b> 5155 Mercury Point San Diego, CA 92111 (858) 571-5238 Business Manager: Bill Stuckey Business Agent: Ceasar Cabrera
<b>BRICKLAYERS, LOCAL #4</b> P. O. Box 4437 Mission, Viejo, CA 92690 (800) 972-3338 Business Agent: Rocky Braggs	<b>LABORERS, LOCAL #89</b> 4161 Home Ave. San Diego, CA 92105 (619) 263-6661 Business Manager: Ray Moreno
<b>CARPENTERS, LOCAL #547</b> 8595 Miralani, Suite B San Diego, CA 92126 (858) 621-2674 Business Agent: Brian Fowler	<b>LABORERS, LOCAL #89</b> North County Office 140W. San Marcos Blvd, San Marcos, CA 92069 (760) 744-3515 Business Agent: Rocky Pena
<b>CEMENT MASONS, LOCAL #505</b> 1807 Robinson Ave., Suite 206 San Diego, CA 92103 (619) 291-6930 or (619) 726-7983 Business Agent: Jaime Barton	<b>MILLWRIGHT, LOCAL #1607</b> 932 s. Gerhart Ave., Suite 200 Los Angeles, CA 90022 (323)724-0178 Business Manager: John foster

<p>OPERATING ENGINEERS, LOCAL #12  3935 Normal St.  San Diego, CA 92103  (619) 295-3186  Business Agent: Pete Santoro</p>	<p>ROAD SPRINKLER FITTERS, LOCAL #669  7050 Oakland Mills Rd., Suite 200  Columbia, MD 21046  (410) 381-4300  Business Manager: Don Bodine  Business Agent: Del O'Dell</p>
<p>PAINTERS, LOCAL #1399  8250 Ronson Rd.  San Diego, CA 92111  (858) 278-1615  Business Agent: Blair Webb</p>	<p>SHEETMETAL WORKERS, LOCAL #206  4595 Mission Gorge Place  San Diego, CA 92120  (619) 265-0501  Business Manager: Joe Powell  Business Agent: Doug Tracy</p>
<p>PLUMBERS &amp; PIPEFITTERS, LOCAL #230  6313 Nancy Ridge Dr.  San Diego, CA 92121  (858) 554-0586  Business Manager: Kirk Crosswhite  Business Agent: Mike Harley</p>	<p>TEAMSTERS, LOCAL #36  4626 Mercury Street  San Diego, CA 92111  (858) 292-7344  Business Agent: Mike Witek  Business Manager: Arthur Cantu</p>



**SAN ONOFRE NUCLEAR GENERATING STATION  
STEAM GENERATOR REPLACEMENT PROJECT**

**PERSONNEL HISTORY QUESTIONNAIRE COVER SHEET**

<b>NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
<b>SSN:</b>		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE, ZIP CODE</b>	
<b>HOME PHONE NUMBER:</b>  ( )	<b>CELL PHONE NUMBER:</b>  ( )	
<b>TRADE/CRAFT:</b>		
<b>HOME LOCAL AFFILIATION:</b>		

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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.**

*Initial / Update*

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In order to meet the requirements of the Nuclear Regulatory Commission (NRC), the nuclear power plant (NPP) to which you are applying for unescorted access authorization 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 an 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 willfully 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 unescorted access authorization. Failure to report and list reasons for any previous suspension, revocation, or denial of unescorted access to an NPP or other entity subject to either the NRC access authorization or Fitness-for-Duty (FFD) 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. 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 FFD 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 derogatory to minimize 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 unescorted access authorization programs. 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 identity, 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.

Date \_\_\_\_\_

Company \_\_\_\_\_

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

*Bechtel*

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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<i>THIS BLOCK FOR OFFICE USE ONLY</i>		
This is an INITIAL Background Investigation	From:	To:
This is an UPDATE Background Investigation	From:	To:

**INSTRUCTIONS FOR THE COMPLETION OF THE PERSONAL HISTORY QUESTIONNAIRE (PHQ)**

Unless otherwise instructed, you are required to complete all portions of this PHQ to be considered for unescorted access authorization and/or unescorted access (UAA/UA) at a nuclear power plant (NPP). Please type or print (use black ink) the specific answers to all questions and requests for information. Line out and initial mistakes. Write "None" or "N/A" when the question is not applicable. Some questions are followed by requests for additional data. Enter all dates in the format month, day, and four-digit year (**mm/dd/yyyy**). Attach additional pages to the PHQ if the length of an explanation exceeds the space provided. After completing, review the questionnaire to ensure there are no omissions and your printed name and social security number are included on each page. When asked Yes No, check the applicable response.

I have read and understand the instructions for filling out this PHQ \_\_\_\_\_ (Initials)

Have you ever applied for or been granted unescorted access at a NPP?       Yes     No

If yes, the last time UA was terminated: FAVORABLE or UNFAVORABLE (CIRCLE ONE)

at \_\_\_\_\_ on: \_\_\_\_\_  
Plant Name
Date

**SECTION I – PERSONAL DATA**

**Provide personal information in blanks provided – for the past five (5) years OR since your 18<sup>th</sup> birthday whichever period is shorter or for the period requested. Ensure the current telephone number you provide is where you can be contacted for additional information, if necessary.**

Legal Name (Last, First, Middle Initial) \_\_\_\_\_ US Social Security Number \_\_\_\_\_

Other Names: \_\_\_\_\_  
 (Maiden Name, Aliases, Nicknames, and When Used)

Date of Birth: \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State if US: \_\_\_\_\_ Country: \_\_\_\_\_

US Citizen? Yes  No  If No, specify country of citizenship: \_\_\_\_\_

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

Date of entry into the United States: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

Name at time of entry: \_\_\_\_\_ Alien Registration Number \_\_\_\_\_ Naturalization Number \_\_\_\_\_

**If you don't have a SSN provide alternate:** \_\_\_\_\_  
Identification Number/Type
Source (e.g., passport)

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
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**SECTION I – PERSONAL DATA (Continued)**

**Permanent Address**

\_\_\_\_\_  
Address (street address – apt. #, city, state, zip code)

\_\_\_\_\_  
Telephone number for permanent address

**To assist in contacting you if additional information is needed, provide as available:**

\_\_\_\_\_  
Daytime Local Telephone Number

\_\_\_\_\_  
Mobile/Cellular Telephone No.

\_\_\_\_\_  
E-mail Address

**Personal Description**

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
Gender (M/F)

\_\_\_\_\_  
Race

**United States Driver's License Information**

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Expiration (mm/dd/yyyy)

If no U.S. Driver's License, explain \_\_\_\_\_

**Name of Nearest Relative Not Living With You**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address (street address, city, state, zip code)

\_\_\_\_\_  
Phone Number

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**SECTION I – PERSONAL DATA (Continued) - RESIDENCES**

For **INITIAL** applications, list all residences **greater than 30 days** where you have lived within the **past seven (7) years**.

For **UPDATE** applications, list residences since your last held unescorted access which was terminated favorably.

(Use continuation pages as necessary.)

Your **current** permanent residence (most recent): From: \_\_\_\_\_ To: Present  
( mm/dd/yyyy)

Street Address (Include apartment/unit numbers)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Your next most current address:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
( mm/dd/yyyy) (mm/dd/yyyy)

Street Address (Include apartment/unit numbers)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Your next most current address:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
( mm/dd/yyyy) (mm/dd/yyyy)

Street Address (Include apartment/unit numbers)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Your next most current address:**

From: \_\_\_\_\_ To: \_\_\_\_\_  
( mm/dd/yyyy) (mm/dd/yyyy)

Street Address (Include apartment/unit numbers)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
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**SECTION II –PERSONAL REFERENCES**

**List three (3) persons** who are available for immediate contact and who can comment on your character and reputation. *References cannot be related to you and cannot be living in your household.* They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships. Provide home address (actual street address, not post office box numbers) and include apartment or unit number if applicable. **List telephone numbers** where each reference can be contacted.

**Reference 1**

Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

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**Reference 2**

Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

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**Reference 3**

Name: \_\_\_\_\_ Known Since: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

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**SECTION III – SELF-DISCLOSURE INFORMATION**

The Nuclear Regulatory Commission requires that Southern California Edison 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 granting unescorted access authorization.

Answer each question by circling 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 authorization. Details may include, but are not limited to, date, name and location name of the employer or potential employer (to whom you applied for employment), nature of the violation, any hearing, penalty imposed or other disposition.

For **INITIAL** applications, in the past five (5) years, OR since your 18<sup>th</sup> birthday, whichever period is shorter;

For **UPDATE** applications, in the past three (3) years, OR since you last had UA terminated favorably, OR since your 18<sup>th</sup> birthday, whichever period is shorter;

Have you:

- |  |            |           |
|--|------------|-----------|
| 1. violated a licensee or employer's fitness-for-duty policy?  | <b>Yes</b> | <b>No</b> |
| 2. been denied or had unescorted access authorization terminated unfavorably at any place of employment or at any nuclear power plant for any reason including fitness for duty policy violation or been unfavorably terminated from any employment for a fitness-for-duty reason? | <b>Yes</b> | <b>No</b> |
| 3. used, sold or possessed illegal drugs?  | <b>Yes</b> | <b>No</b> |
| 4. have you abused legal drugs or alcohol?   | <b>Yes</b> | <b>No</b> |
| 5. have you ever subverted or attempted to subvert a drug or alcohol testing program?  | <b>Yes</b> | <b>No</b> |
| 6. refused to take a drug or alcohol test?   | <b>Yes</b> | <b>No</b> |
| 7. been subject to a plan (except self-referral) for treating substance abuse?   | <b>Yes</b> | <b>No</b> |
| 8. been subject to a law enforcement authority or court of law action for alcohol or drug use related to any of the following:   |            |           |
| – The use, sale or possession of illegal drugs?  | <b>Yes</b> | <b>No</b> |
| – The abuse of legal drugs or alcohol?   | <b>Yes</b> | <b>No</b> |
| – The refusal to take a drug or alcohol test?  | <b>Yes</b> | <b>No</b> |

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_





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**SECTION IV – EMPLOYMENT/UNEMPLOYMENT HISTORY (Continued)**

**– LATEST EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– LATEST UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

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**SECTION IV – EMPLOYMENT/UNEMPLOYMENT HISTORY (Continued)**

**– EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

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**SECTION IV – EMPLOYMENT/UNEMPLOYMENT HISTORY (Continued)**

**– EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– EMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_ Position Held/Job Title \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Location \_\_\_\_\_

Address (include unit #) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor or Contact Name \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Reason for termination: \_\_\_\_\_ Eligible for rehire: Yes  No

If self-employed  or Employer Out of Business  (mark one), provide a second reference:

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

**– UNEMPLOYMENT –**

From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Activities During This Period: \_\_\_\_\_

Name of Person Who Can Verify Activities \_\_\_\_\_ Telephone Number \_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

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**SECTION IV – MILITARY SERVICE AS EMPLOYMENT**

Did you serve in the Military *as your primary job* within the last three (3) years or since your 18<sup>th</sup> birthday? Yes  No   
If **yes**, complete this section for each period of service. **EXCEPTION: If you answered YES to any question in Section III, Self-Disclosure, you MUST provide 5 years (vs. 3 years) of history or since your 18<sup>th</sup> birthday, whichever is shorter. Not doing so will delay the processing of your background check.**

Do you have the DD Form 214 you received upon discharge? Yes  No   
If **yes**, present the *original* DD Form 214 with this PHQ—a copy will be retained and original returned after authentication.

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From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Type of Service  Active Duty  National Guard/Reserves on active duty

Reason for Discharge: \_\_\_\_\_

Character of Service:  Honorable  Other. If Other, explain: \_\_\_\_\_

Country Served: \_\_\_\_\_ Branch \_\_\_\_\_

Name Supervisor or Commander: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Last Command/Duty Station/Base/Unit: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Duty Station/Base/Unit: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Your Grade or Rank at Discharge \_\_\_\_\_ Job Location (If Different Than Address above) \_\_\_\_\_

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From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Type of Service  Active Duty  National Guard/Reserves on active duty

Reason for Discharge: \_\_\_\_\_

Character of Service:  Honorable  Other. If Other, explain: \_\_\_\_\_

Country Served: \_\_\_\_\_ Branch \_\_\_\_\_

Name Supervisor or Commander: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Last Command/Duty Station/Base/Unit: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address of Duty Station/Base/Unit: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Your Grade or Rank at Discharge \_\_\_\_\_ Job Location (If Different Than Address above) \_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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.**

**SECTION IV – EDUCATION IN LIEU OF EMPLOYMENT**

In the past five (5) years were you enrolled – with education as your *primary activity* – in an educational institution in lieu of employment?  Yes  No If **yes**, please complete this section for each enrollment. Add page(s) if needed.  
Note: You may be required to provide a copy of your official educational institution transcript.

**Attended:** \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Name of Educational Institution

Address of educational institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree \_\_\_\_\_ Major/Field Of Study \_\_\_\_\_

Were you the subject of any disciplinary action at this education institution?  Yes  No  
If **yes**, provide details: \_\_\_\_\_

Did you graduate?  Yes  No  
If **no**, provide reason for leaving: \_\_\_\_\_

**Attended:** \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Name of Educational Institution

Address of educational institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree \_\_\_\_\_ Major/Field Of Study \_\_\_\_\_

Were you the subject of any disciplinary action at this education institution?  Yes  No  
If **yes**, provide details: \_\_\_\_\_

Did you graduate?  Yes  No  
If **no**, provide reason for leaving: \_\_\_\_\_

Comments concerning employment/unemployment periods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**SECTION V – CREDIT HISTORY**

Have you had any of the following in the past seven (7) years?

- A bankruptcy?  Yes  No
- A financial judgment against you?  Yes  No
- A charge off of debt?  Yes  No
- A tax lien?  Yes  No
- Other financial difficulties not listed?  Yes  No

If you answered YES to any of the above, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you have a credit history documented in a national credit bureau file**, consider this form completed and go on to Section VI. 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 (3) sources of credit (e.g., landlords, local gas station, a bank, department store charge account, or any personal sources of credit.) Explain why you have no credit history and any problems you have experienced with any creditor during the past seven (7) years in the Space provided at the top of this form used for explanation.

**1. Credit Reference:** From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
*Name of Creditor* *Telephone Number*  
 \_\_\_\_\_  
*Address of Creditor* *City* *State* *Zip Code*

**2. Credit Reference:** From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
*Name of Creditor* *Telephone Number*  
 \_\_\_\_\_  
*Address of Creditor* *City* *State* *Zip Code*

**3. Credit Reference:** From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
*Name of Creditor* *Telephone Number*  
 \_\_\_\_\_  
*Address of Creditor* *City* *State* *Zip Code*

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**SECTION VI – CRIMINAL HISTORY**

**CAUTION**

**Providing false or deliberately misleading statements or omissions of fact  
may be sufficient grounds for denial of unescorted access.**

Legal action is defined as:

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 or military charges (including non-judicial punishment); and 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 the refusal to take a drug or alcohol test. It 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. You do not have to list 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 physically taken into custody.

---

**Since your 18<sup>th</sup> birthday, have you:**

1. Been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or been convicted for a violation of any law, regulation or ordinance including felony, misdemeanor, serious traffic offenses, serious civil or military charges (including non-judicial punishment) or do you now have such a case pending? Yes  No
2. Been charged, arrested or convicted of an alcohol or a controlled substance related offense, which includes driving under the influence/while intoxicated (DUI/DWI), or have such a case pending? Yes  No
3. Been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500.00? Yes  No
4. Failed to appear in court for any offense(s)? Yes  No
5. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court? Yes  No

If you answered **yes** to any question above, explain all occurrences and specific details in the space provided on the next page. Add continuation pages (Section VIII) as necessary.

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**SECTION VI –CRIMINAL HISTORY (Continued)**

**Legal Action Date (mm/dd/yyyy):** \_\_\_\_\_

**Court or Agency Involved and**

**Location:** \_\_\_\_\_

**Offense:** \_\_\_\_\_

**Current Status:** \_\_\_\_\_

**Explain the Circumstances**

**Surrounding the Case:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Action Date (mm/dd/yyyy):** \_\_\_\_\_

**Court or Agency Involved and**

**Location:** \_\_\_\_\_

**Offense:** \_\_\_\_\_

**Current Status:** \_\_\_\_\_

**Explain the Circumstances**

**Surrounding the Case:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Action Date (mm/dd/yyyy):** \_\_\_\_\_

**Court or Agency Involved and**

**Location:** \_\_\_\_\_

**Offense:** \_\_\_\_\_

**Current Status:** \_\_\_\_\_

**Explain the Circumstances**

**Surrounding the Case:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**SECTION VII –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.

Criminal history records are reviewed to assure that individuals with criminal histories impacting upon their trustworthiness and reliability are not permitted access to a nuclear facility or to safeguards information. If, after reviewing any criminal history record information provided by the FBI, you believe that it is incorrect or incomplete in any respect and wish to change, correct, or update the record or to explain any matter in the record, you may initiate challenge procedures. These procedures include direct application by you, challenging the criminal history record to the Assistant Director, Federal Bureau of Investigation, Identification Division, Washington DC 20537-9700. You will have ten (10) days to initiate action to challenge the FBI criminal history records information after it has been made available for your review.

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

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

- I have no additional comments concerning criminal history.
- I have the following additional comments concerning criminal history:

---

---

---

\_\_\_\_\_  
Applicant Name (Last, First, Middle Initial)

\_\_\_\_\_  
SSN or Alternate ID

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Last Name

\_\_\_\_\_  
SSN or ID Number



**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
AND SELF DISCLOSURE**

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and observed only by persons with an authorized NEED-TO-KNOW.**

**SECTION IX – ACKNOWLEDGMENT STATEMENT**

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

The information that I have provided in this PHQ is correct and complete to the best of my knowledge and belief. **I make this statement with knowledge that any false or misleading statement or omission of any fact may be sufficient cause for denial of Unescorted Access Authorization (UAA)/UA.** 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 unescorted access, it is my responsibility, under the Behavior Observation Program (BOP), to report any legal action in accordance with Company procedures. I must also report any legal actions from the time I complete this PHQ until I am certified UAA or granted UA. An evaluation will be made regarding the impact of the legal action on UAA/UA. 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 or military charges (including non-judicial punishment); and 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 the refusal to take a drug or alcohol test. It 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.

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

I have the following additional comments concerning this statement:

---

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

\_\_\_\_\_  
Applicant's Full Name (Last, First, Middle Initial)

\_\_\_\_\_  
SSN or Alternate ID

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Last Name

\_\_\_\_\_  
SSN or ID Number

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**NOTIFICATION OF LEGAL ACTION**

**Federal Regulations require that individuals applying for and who have been certified UAA or granted UA at Nuclear Power Plants to report LEGAL ACTIONS. A legal action will be judged based upon its potential to impact upon your trustworthiness. This is part of the Behavioral Observation Program.**

I understand that if I am certified Unescorted Access Authorization (UAA)/granted unescorted access (UA) and/or Safeguards Information (SGI) access, it is my responsibility under the Behavioral Observation Program (BOP) to report any legal action to the Supervisor, Central Processing Facility, AND my supervisor, prior to entering the SONGS Protected Area but not later than the beginning of the next scheduled work shift (whichever is sooner). An evaluation will be made regarding the impact of the legal action (or conviction) on my UAA/UA and/or SGI access.

I understand that a legal action is defined as:

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 or military charges (including non-judicial punishment); and 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 the refusal to take a drug or alcohol test. It 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.

Failure to report such legal action could result in disciplinary action, up to and including termination. I understand that if I am unsure whether an incident involving law enforcement is a reportable event, the question should be raised with the Supervisor, Central Processing Facility for clarification.

I also understand that cognizant management/supervision shall immediately notify the Supervisor, Central Processing Facility (or the Security Shift Commander after normal CPF business hours) whenever they become aware of an employee's legal action as defined as above.

**By my signature below, I certify that I have read this notification and understand my obligation to report legal actions.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Printed Full Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Company*

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**CONSENT FORM**

1. Southern California Edison has my consent to:
  - a. Collect personal information about me in order to verify the information's accuracy;
  - b. 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;
  - c. Retain personal information provided for investigation; and
  - d. Transfer information from other licensees, as necessary, including information pertaining to the denial of unescorted access authorization (UAA) or unescorted Access (UA) to determine whether to grant me unescorted access to a U. S. NRC-licensed facility and to allow me to maintain such access.
2. The information collected will only be used for the purposes of determining UAA, UA, or separate fitness-for-duty (FFD) authorization in accordance with 10 CFR Part 26, Fitness-for-Duty Programs, unless I provide a separate release to the licensee for another purpose.
3. I understand that evidence of criminal conduct detected during the conduct of a BI must be reported to the appropriate law enforcement agency.
4. I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.
5. The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty prior to granting and while maintaining UAA/UA. The results of this determination must be available to other NRC licensed facilities.
6. Any of the following actions related to the providing and sharing the personal information is sufficient cause for denial or unfavorable termination of UAA/UA:
  - a. Refusal to provide written consent for the suitable inquiry;
  - b. Refusal to provide information or the falsification of any personal information required under 10 CFR Part 26, *Fitness for Duty Program*, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
  - c. Refusal to provide written consent for the sharing of personal information with other licensees or other entities required under 10 CFR Part 26, *Fitness-for-Duty Program*; and
  - d. Failure to report any legal actions.
7. 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 unescorted access to NRC-licensed facilities. I further understand that this system is intended to permit NRC-licensed 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.

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**CONSENT FORM (Continued)**

8. 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:
- a. Name and Social Security Number;
  - b. Place of birth and physical characteristics;
  - c. Dates when any of the following are completed: background investigation, psychological evaluation, fitness-for-duty testing, suitable inquiry checks;
  - d. FBI criminal history;
  - e. Dates when unescorted access has been authorized or terminated;
  - f. Date of any denial of access and the company holding the relevant information;
  - g. Dates associated with FFD testing (preaccess, post-event, for cause and follow-up);
  - h. Annual radiation exposure history;
  - i. Respiratory equipment qualification/fit testing;
  - j. Medical qualification for respirator use;
  - k. Data concerning training required for unescorted access and work qualification; and
  - l. Direction to seek additional information directly from another licensee.
9. I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided in the above paragraph), whether or not such information is included in the PADS database, to release any such information in order to perform the investigation and evaluation required for UAA/UA.
10. I authorize the entry into the PADS computer database any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA. I authorize the transfer of such information, electronically or otherwise, to other NRC-licensed facilities and contractors/vendors. I authorize such NRC-licensed facilities and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA to an NRC-licensed facility.
11. 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 NRC-licensed facilities 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 to perform official duties:
- a. Myself or my representative, when I have designated the representative in writing for specified UAA/UA and/or FFD matters;
  - b. Assigned MROs and MRO staff;
  - c. NRC representatives;
  - d. Appropriate law enforcement officials under court order;
  - e. A licensee, C/V or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA and/or FFD program, including determinations of fitness, AA or FFD program audits, and some human resources functions;
  - f. The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
  - g. Persons deciding matters under access authorization or FFD program appeal process; and
  - h. Other persons pursuant to court order

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**CONSENT FORM** (Continued)

12. 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 is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD programs.
13. All documents pertaining to a 5 year or permanent denial of UAA/UA required by 10 CFR Part 26 will be retained by a licensee making the denial or unfavorable termination of UAA/UA for 40 years or the NRC determines that the records are no longer needed.
14. The records of FFD training and examinations conducted under 10 CFR Part 26 will be maintained for at least 3 years.
15. Records identified are normally maintained at Southern California Edison.
16. I understand that I have a right to review information collected and maintained by Southern California Edison to assure it is accurate and complete and to correct any inaccurate or incomplete information.
17. I understand that, upon my written request to Southern California Edison, 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 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.
18. I understand that at any time and upon written notice to Southern California Edison, I may withdraw this Consent, but this will also constitute a withdrawal of my request for access. I understand that any processing activities that were initiated before receipt of my withdrawal of consent shall continue and the resulting information will be retained in the database. No new inquiries shall be initiated after receipt of my withdrawal of consent and PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, thereafter unless I provide a currently valid Consent or it is required by NRC regulation.
19. I hereby release Southern California Edison, 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.

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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**CONSENT FORM** (Continued)

20. I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not Southern California Edison), or Southern California Edison 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 Southern California Edison), Southern California Edison, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding such a potential safety concern.
21. I have read and understand this Consent and authorize Southern California Edison to take such actions as are described herein or specified by PADS procedures. While I understand that unescorted access is dependent upon my accepting the regulatory requirements of this program, the statements made by me in this Consent and my decision to sign this Consent are voluntary. The statements were not induced by any promise nor have I been subjected to any threat, duress or coercion to sign this Consent.

_____	_____
Applicant's Printed Name	Social Security Number
_____	_____
Applicant's Signature	Date

Printed Last Name \_\_\_\_\_ SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION STATEMENT**

For the purpose of evaluating my application for or maintenance of nuclear power plant access authorization, I understand that Southern California Edison Company (SCE) 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 SCE, 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 SCE 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 SCE has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy prepared by the Federal Trade Commission).

**I have read and understand this Consent and authorize SCE to take such actions as are described herein.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Applicant's Full Printed Name*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Address (city, state, zip code)*

\_\_\_\_\_  
*Phone Number*

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
PERSONAL HISTORY QUESTIONNAIRE (PHQ)  
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**A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT  
REPORTING ACT**

*(Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.)*

The federal **Fair Credit Reporting Act (FCRA)** promotes accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- ◆ **You must be told if information in your file has been used against you.** Anyone who uses credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ◆ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - a person has taken adverse action against you because of information in your credit report;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- ◆ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ◆ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- ◆ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_

**SOUTHERN CALIFORNIA EDISON  
SAN ONOFRE NUCLEAR GENERATING STATION  
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.**

- ◆ **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 potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- ◆ **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- ◆ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ◆ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 1-202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 1-800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 1-703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 1-202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 1-202-720-7051

Printed Last Name \_\_\_\_\_

SSN or ID Number \_\_\_\_\_