

Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days) Personal History Questionnaire (PHQ) And Self-Disclosure



THIS BLOCK IS FOR OFFICE USE ONLY
[] Extended BI Needed [] Extended BI Not Needed
[] This is a Reinstatement Background Investigation from the date following your last Unescorted Access _____ to Present

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

In order to meet the requirements of the Nuclear Regulatory Commission (NRC), Constellation Energy Nuclear Group (CENG), the nuclear power plant (NPP) to which you are applying for Unescorted Access Authorization (UAA), Unescorted Access (UA), and/or access to Safeguards information, requires that you consent to undergo a background screening process.

You must provide all information requested in a complete and accurate manner. Your signature on the document is your certification that the information you have provided is complete and correct. Providing deliberate or willful misleading statements to any NPP with the intent to gain access is a violation of Federal Regulations.

The facts concerning your criminal history or fitness for duty record may be subject to interpretation due to varying categorizations of similar offenses between States. It is, therefore, required that you disclose all information that has any potential for being considered as derogatory to minimize the likelihood of discrepancies between the information you provided and that obtained from other sources.

ATTENTION

If you are currently on parole, a work release program or currently under a felony or drug charge you are not eligible to apply for access.

I have read and understand the instructions for filling out this PHQ

Initial

Personal And Confidential Information

Print Name:

**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
Personal History Questionnaire (PHQ) And Self-Disclosure**

Constellation Energy Nuclear Group (CENG), the "owner" of licensees known as Calvert Cliffs Nuclear Power Plant, Nine Mile Point and Ginna Station has my consent to:

- Collect Personal Information about me in order to verify the information's accuracy
- Conduct a background investigation (BI) per U. S. Nuclear Regulatory Commission (NRC) regulations to verify information I have provided on a Personal History Questionnaire (PHQ) and other information, as necessary
- Take my fingerprints and associated biographic identifiers to conduct a check of the criminal history information records contained within the Federal Bureau of Investigation's (FBI's) Integrated Automated Fingerprint Information System (IAFIS)
- Retain Personal Information provided for investigation, and
- Transfer information from other licensees, as necessary, including: (i) information pertaining to the denial of Unescorted Access Authorization (UAA) or Unescorted Access (UA), or denial of access to a nuclear power plant under construction, to determine whether to certify UAA, grant UA to a US NRC-licensed facility and to allow me to maintain such access; or (ii) information pertaining to denial of access to Safeguards Information.

With the exception of CHRI collected under 10 CFR 73.57, the information collected will be used only for the purposes of determining UAA/UA per 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, separate fitness for duty (FFD) authorization in accordance with 10 CFR Part 26, Fitness For Duty Programs, access to a nuclear power plant under construction, and/or access to Safeguards Information in accordance with 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, unless I provide a separate release to the licensee for another purpose. CHRI may only be used for the purposes of determining whether a person is suitable for unescorted access to a nuclear power plant or for access to Safeguards Information, and may not be used for any other purpose.

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

I authorize the use of signed copies of this consent to be used in place of an originally signed consent document.

The NRC requires that the information collected be used in determining that an individual is trustworthy, reliable, and fit for duty, prior to certifying UAA, granting UA, while maintaining UAA/UA; granting access to a nuclear power plant under construction; and before granting access to safeguards information. The results of this determination must be available to other NRC licensed facilities.

Any of the following actions related to the providing and sharing of personal information is sufficient cause for denial or unfavorable termination of UAA/UA, access to a nuclear power plant under construction, and/or access to Safeguards Information:

- Refusal to provide written (signed) consent for the background investigation and/or the Suitable Inquiry;
- Refusal to provide information or the falsification of any personal information required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, Fitness For Duty Programs, and/or 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information, including, but not limited to, the failure to report any previous denial or unfavorable termination of authorization;
- Refusal to provide written (signed) consent for the sharing of personal information with other licensees or other entities required under 10 CFR 73.56, Personnel Access Authorization Requirements for Nuclear Power Plants, 10 CFR Part 26, Fitness for Duty Programs, and/or 10 CFR 73.21, 73.22 or 73.23, Protection of Safeguards Information; and
- Failure to report any Legal Actions, in accordance with 10 CFR 73.56(g).

Personal And Confidential Information

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**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
Personal History Questionnaire (PHQ) And Self-Disclosure**

I understand that the domestic commercial nuclear industry uses a computerized, restricted-access data system, the Personnel Access Data System (PADS), to share information necessary to process applications of workers for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information. I further understand that this system is intended to permit nuclear facility licensees and their accepted contractors/vendors to meet regulatory requirements mandating that certain information be available to any facility licensee by retaining certain access information in a central computer database.

I understand that the information may be transferred, electronically or otherwise, to other licensees and Contractor/Vendors or the agents of each. This information will include, but is not limited to:

- Name and Social Security Number;
- Place of birth and physical characteristics;
- Dates when any of the following are completed: background investigation, psychological evaluation, fitness for duty testing, Suitable Inquiry checks;
- Dates when UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information has been authorized or terminated;
- Date of any denial of UAA/UA, access to a nuclear power plant under construction, and/or access to Safeguards Information and the company holding the relevant information;
- Dates associated with FFD testing (pre-access, post-event, for cause and follow-up) and treatment;
- Annual radiation exposure history;
- Respiratory equipment qualification/fit testing;
- Medical qualification for respirator use;
- Data concerning training required for UAA/UA, access to a nuclear power plant construction site, access to Safeguards Information and work qualification; and
- Direction to seek additional information directly from another licensee.

I understand that information contained within an FBI criminal history record will be restricted to the NRC, nuclear licensee facilities regulated by the NRC, and myself, and that the criminal history information will not be released to contractor/vendors or their agents.

I authorize any individual, organization, institution, or entity that now has, or obtains in the future, access-related information about me (examples of which are provided above) 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, access to a nuclear power plant construction site and/or access to Safeguards Information.

I authorize the entry into the PADS computer database of any information collected for the purpose of processing my application for, or continued maintenance of, UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information. I authorize the transfer of such information, electronically or otherwise, to other NRC nuclear facility licensees and contractors/vendors. I authorize such licensees and contractors/vendors to use the database information for the purpose of determining my eligibility for UAA/UA, for access to a nuclear power plant construction site, and/or for access to Safeguards Information.

**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
Personal History Questionnaire (PHQ) And Self-Disclosure****CONSTELLATION ENERGY NUCLEAR GROUP CONSENT (Cont.)**

I understand that information obtained pursuant to this Consent shall be treated as confidential. The release of access-related information about me shall be limited to regulatory agencies and such employees of NRC facility licensees and their contractors/vendors who have been designated as having a "Need To Know" the information in order to do their jobs. The following is a listing of individuals that may access information without my consent in order to perform their official duties:

- Myself or my representative, when I have designated the representative in writing for specified UAA/UA, nuclear power plant construction site access, Safeguards Information Access and/or FFD matters;
- Assigned Medical Review Officers (MROs) and MRO staff;
- NRC representatives;
- Appropriate law enforcement officials under court order;
- A licensee, Contractor/Vendor, or their agents who have a need to have access to the information to perform their assigned duties under the UAA/UA, nuclear power plant construction site access, safeguards access, and/or FFD programs, including determinations of fitness, access authorization or FFD program audits, and some human resources functions;
- The presiding officer in a judicial or administrative proceeding that is initiated by the subject individual;
- Persons deciding matters under access authorization or FFD program appeal process; and
- Other persons pursuant to court order.

I understand that all information about me in the database will be maintained as securely as reasonably practicable for a period of at least 5 years after UAA/UA, access to a nuclear power plant construction site, and/or access to Safeguards Information is last terminated. The types of records maintained include documentation collected during the administration of the access authorization and FFD programs.

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 until the NRC determines that the records are no longer needed.

Records identified are normally maintained at CENG.

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

I understand that I have a right to review information collected and maintained by CENG to assure it is accurate and complete and to correct any inaccurate or incomplete information.

I understand that, upon my written request to CENG, and at no cost to me, I will be provided, within 10 working days, with a printed copy of the information about me which is recorded in the database. If, after my review of such information, I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as is reasonably practical.

I understand that at any time and upon written notice to CENG, 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. Thereafter, PADS participants are not permitted to retrieve information from the database other than my name, date of birth, identification number, and the fact that my consent has been withdrawn, unless I provide a currently valid Consent or the information sought is required by NRC regulation.

Personal And Confidential Information

Print Name: _____

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CONSTELLATION ENERGY NUCLEAR GROUP CONSENT (Cont.)

I hereby release CENG, other PADS participants, NEI, and the officers, employees, representatives, agents, and records custodians of each, as well as the officers, employees, representatives, agents, and records custodians of any entity or individual supplying or using such information, from any and all liability based on their authorized receipt, disclosure, or use of the information obtained pursuant to this Consent and to determine my eligibility for UAA/UA to nuclear facilities, access to a nuclear power plant under construction, and/or access to Safeguards Information.

I understand that this Consent is not intended to and does not affect any right or responsibility that I, my employer (if not CENG), or CENG, 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 CENG), CENG, or the NRC; or (2) prohibits me from participating in any proceeding or investigation regarding a potential safety concern.

I have read and understand this Consent and authorize CENG to take such actions as are described herein or specified by PADS procedures. While I understand that UAA/UA, access to a nuclear power plant construction site and/or access to Safeguards Information 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.

Printed Name

Social Security Number

Signature

Date

**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
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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 the Company, Constellation Energy Nuclear Group (CENG), 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 CENG, 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 CENG 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. I also understand that if I have placed a freeze on my credit report, that I must remove the freeze before CENG can obtain my credit report.

By my signature below, I also acknowledge that CENG has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy prepared by the Consumer Financial Protection Bureau).

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

_____ Printed Name

_____ Social Security Number

_____ Signature

_____ Date

Personal And Confidential Information

Print Name: _____

**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
Personal History Questionnaire (PHQ) And Self-Disclosure**

Instructions for the completion of the Personal History Questionnaire (PHQ):

You are required to complete all portions of this PHQ to be considered for Unescorted Access Authorization (UAA) or Unescorted Access (UA) at any CENG Nuclear Power Plant. Please type or print (use black or blue ink) the specific answers to all questions and requests for information. Line out and initial mistakes. Do not use white out.

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 two digit month, two digit 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 is included on each page. When asked YES / NO check the applicable response.

I have read and understand the instructions for filling out this PHQ

My last UA was favorably terminated at: _____ on: _____
Initial
Plant Name *Date*

Have you ever applied for or been granted access to a NPP under construction? YES NO

If Yes, last period of access was terminated: Favorable or Unfavorable (Check One)
 at: _____ on: _____
Plant Name *Date*

Have you ever applied for or been granted access to Safeguards Information at a NPP or NPP under construction?

YES NO (Check One)

If Yes, last period of Safeguards Access was terminated: Favorable or Unfavorable (Check One)

at: _____ on: _____
Plant Name *Date*

U.S. SOCIAL SECURITY NO.		LAST NAME		FIRST NAME		MIDDLE NAME	
OTHER NAMES (MAIDEN NAME, ALIASES, NICKNAMES) If none check: N/A <input type="checkbox"/>				IF NO SS#, OTHER IDENTIFICATION NUMBER/TYPE			
PERMANENT ADDRESS							
CITY		STATE	ZIP CODE		COUNTRY (U.S.,Canada, etc.)	CITIZENSHIP (U.S.,Canadian, etc.)	
BIRTH CITY/STATE			CONTACT INFORMATION Home - _____ Day - _____ Cell - _____ E-mail - _____ <i>(You may be contacted to provide additional information, if necessary)</i>				
DATE OF BIRTH			BIRTH COUNTRY				
GENDER (Male/Female)		EYE COLOR	HAIR COLOR	WEIGHT	HEIGHT (FT/IN)	RACE	
EMPLOYER							

Personal And Confidential Information

Print Name: _____

Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days) Personal History Questionnaire (PHQ) And Self-Disclosure

Drivers License No.: _____ State of Issue: _____ Expires: _____

If no license, explain: _____

If <u>Not</u> born in the United States, complete the following:		
Date of Entry: _____	Port of Entry: _____	
Naturalization Number: _____	Alien Registration Number: _____	
Visa Type: _____	Visa Number: _____	Expiration Date: _____

If you do not have a U.S. SSN provide alternate valid (not expired) government issued identification.

_____	_____
Identification number/type	Source (for example, a passport)

PERSONAL DATA—FOREIGN TRAVEL

Since your last period of unescorted access, have you traveled to any foreign country?

(Circle One) YES / NO

If you answered "Yes", please provide the following details:

Country Name: _____

Date Departed United States: From: _____ / _____ / _____

Date Returned to United States: To: _____ / _____ / _____

Purpose of Travel: _____

Country Name: _____

Date Departed United States: From: _____ / _____ / _____

Date Returned to United States: To: _____ / _____ / _____

Purpose of Travel: _____

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

Use continuation pages as necessary to complete Foreign Travel history.

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**Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days)
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MILITARY SERVICE AS EMPLOYMENT

Did you serve in the military as primary job, since your last Unescorted Access period? Yes No

If **YES** complete this section for each period of service. Add page if needed.

If **YES**, present the Original **DD Form 214** indicating Reason for Separation and Character of Service upon arrival at site

Type of Service: (Check One) Active Duty <input type="checkbox"/> National Guard/Reserves on active duty <input type="checkbox"/>		Service Period (Month/Day/Year) From: _____ To: _____	
Branch:		Country Served:	
Name of Supervisor or Commander:		Area code/phone no. ()	
Last Command/Duty Station/Base/Unit		Area code/phone no. ()	
Address of Duty Station/Base/Unit			
Job Location (if different than address above)			
Were you subject to any disciplinary action? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide details:			Grade/Rank at Discharge:
Reason for Discharge:		Character of Service:	

EDUCATION IN LIEU OF EMPLOYMENT

Since your last Unescorted Access, were you enrolled at **any educational institution(s)** in lieu of employment? Yes No
(education was primary endeavor even if you held a part time job)

If **YES**, complete the following for each enrollment:

If **YES**, you may be required to provide your official educational institution transcript(s).

Name of Educational Institution	Dates enrolled (Month/Day/Year) BREAK DOWN DATES by each semester:	
	From: _____	To: _____
	From: _____	To: _____
	From: _____	To: _____
	From: _____	To: _____
	From: _____	To: _____
	From: _____	To: _____
	From: _____	To: _____
Address/city/state/zip code		Area code/phone no. ()
Major/Field of Study	Degree	
Were you subject to any disciplinary action at this educational institution? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide details:		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain reason for leaving		

UNION AFFILIATION:

_____	_____	_____	()
Union Name	Local Number	Business Agent Name	Area Code/Telephone

Personal And Confidential Information

Print Name: _____

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EMPLOYMENT/UNEMPLOYMENT – since your last favorable Unescorted Access termination

LIST your current or most recent employment or unemployment period and work back in time.

LIST all periods of employment in the past 5 years, since your 18th birthday or since your last Unescorted Access.

LIST self employment and any employment in a foreign country.

LIST all periods that you were **unemployed (not working)**.

LIST a reference (can be related) who can verify periods that you were **unemployed**.

DO NOT LEAVE ANY GAPS

DO NOT list the union local as your employer unless you are a business agent (BA).

LIST a contact that is not a relative to verify **SELF EMPLOYMENT**.

LIST a non relative reference to verify employment If a former employer is **OUT OF BUSINESS**.

Have you been fired, involuntarily terminated, or forced to leave any job or position, except as part of a reduction in force, since you last held access? YES NO

If YES, explain the circumstances and reasons for leaving in the appropriate employment period below.

EMPLOYMENT

Employer's name (Full Company Name)	Dates employed (Month/Day/Year) From: _____ To: _____	
Address/city/state/zip code	Area code/phone no. ()	
Job site: location/city/state	Position Held/Job Title	
Reason for leaving	Eligible for Rehire: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:	
Self employment YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	Company out of business YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	

UNEMPLOYED (IF APPLICABLE)

Dates unemployed (Month/Day/Year) From: _____ To: _____	Name of person who can verify activities while not working:
Verifier Area code/phone number: (Day time Number) ()	Verifier Area code/phone number: (Cell phone Number) ()

Personal And Confidential Information

Print Name: _____

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EMPLOYMENT

Employer's name (Full Company Name)	Dates employed (Month/Day/Year) From: _____ To: _____	
Address/city/state/zip code	Area code/phone no. ()	
Job site: location/city/state	Position Held/Job Title	
Reason for leaving	Eligible for Rehire: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:	
Self employment YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	Company out of business YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	

UNEMPLOYED (IF APPLICABLE)

Dates unemployed (Month/Day/Year) From: _____ To: _____	Name of person who can verify activities while not working:
Verifier Area code/phone number: (Day time Number) ()	Verifier Area code/phone number: (Cell phone Number) ()

EMPLOYMENT

Employer's name (Full Company Name)	Dates employed (Month/Day/Year) From: _____ To: _____	
Address/city/state/zip code	Area code/phone no. ()	
Job site: location/city/state	Position Held/Job Title	
Reason for leaving	Eligible for Rehire: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:	
Self employment YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	Company out of business YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	

UNEMPLOYED (IF APPLICABLE)

Dates unemployed (Month/Day/Year) From: _____ To: _____	Name of person who can verify activities while not working:
Verifier Area code/phone number: (Day time Number) ()	Verifier Area code/phone number: (Cell phone Number) ()

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EMPLOYMENT

Employer's name (Full Company Name)	Dates employed (Month/Day/Year) From: _____ To: _____	
Address/city/state/zip code	Area code/phone no. ()	
Job site: location/city/state	Position Held/Job Title	
Reason for leaving	Eligible for Rehire: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:	
Self employment YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	Company out of business YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	

UNEMPLOYED (IF APPLICABLE)

Dates unemployed (Month/Day/Year) From: _____ To: _____	Name of person who can verify activities while not working:
Verifier Area code/phone number: (Day time Number) ()	Verifier Area code/phone number: (Cell phone Number) ()

EMPLOYMENT

Employer's name (Full Company Name)	Dates employed (Month/Day/Year) From: _____ To: _____	
Address/city/state/zip code	Area code/phone no. ()	
Job site: location/city/state	Position Held/Job Title	
Reason for leaving	Eligible for Rehire: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:	
Self employment YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	Company out of business YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name and Phone Number of non-relative to verify:	

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SELF-DISCLOSURE INFORMATION

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

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

Since you last held Unescorted Access Authorization or Unescorted Access, have you:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Violated a licensee or employer's fitness for duty policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Used, sold, or possessed Illegal Drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Abused legal drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Ever subverted or attempted to subvert a drug or alcohol testing program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Refused to take a drug or alcohol test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Been subject to a plan (except self-referral) for treating substance abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The abuse of legal drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The refusal to take a drug or alcohol test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Been subject to Employment Action taken for alcohol or drug abuse involving any of the following: | | |
| A change in job responsibilities or removal from a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mandated implementation of a plan for substance abuse treatment in order to avoid a change in or removal from a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you currently in a fitness for duty follow-up testing program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain any Yes answers, including date(s), location(s) and description of incident(s):

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LEGAL ACTIONS

CAUTION: Providing false or deliberate misleading statements or omissions of fact may be sufficient grounds for denial of Unescorted Access.

List all Legal Actions since your last Unescorted Access Authorization/Unescorted Access (UAA/UA) to a nuclear power plant. Additionally, if you were fingerprinted, report the occurrence, and if you currently have any criminal charges pending, report the charge. You must list felony, misdemeanor, or serious traffic offenses (including guilty pleas and “*nolo contendere*” (meaning no contest); any suspended sentences, pretrial diversions, dismissals, “*nolle prosequi*” (meaning, not prosecuted), serious civil charges, military charges (including court martial or non-judicial punishment) but does not include minor misdemeanors such as parking tickets or minor civil actions such as zoning violations or minor traffic violations such as moving violations when you were not taken physically into custody. (You may omit non-injury traffic or parking offenses but you must include any alcohol/drug-related traffic offenses.)

1. Have you, since you last held UAA/UA been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance (for example, felony, misdemeanor, traffic or military criminal history, etc.) or do you now have such a case pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you, since you last held UAA/UA been charged, arrested or convicted of an alcohol or a controlled substance related offense, which includes; driving under the influence / driving while intoxicated (DUI / DWI), or have such a case pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you, since you last held UAA/UA been charged, arrested or convicted of an infraction of the law for which you were fined more than \$500?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you, since you last held UAA/UA failed to appear in court for any offense(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently under indictment, on probation, parole, work release, or subject to any other control of a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered **Yes** to any question above, explain all occurrences and specific details in the space provided. Add continuation pages as necessary.

1. Legal Action:	_____ / _____	
	<i>Date</i>	<i>Charge / Severity Level (misdemeanor, felony, other)</i>
	<i>Court or Agency involved and location</i>	<i>Disposition, Disposition date & Severity Level</i>
<i>Explain circumstances surrounding the above listed case:</i>		

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LEGAL ACTIONS (Cont.)

2.	Legal Action:	/	
	<i>Date</i>		<i>Charge / Severity Level (misdemeanor, felony, other)</i>
	<i>Court or Agency involved and location</i>		<i>Disposition, Disposition date & Severity Level</i>
	<i>Explain circumstances surrounding the above listed case:</i>		

NRC ESCALATED ENFORCEMENT ACTION

<p>NOTE: Occasionally, the NRC takes enforcement action against individuals working under the NRC's jurisdiction. When the NRC loses reasonable assurance that an individual is willing or able to comply with NRC requirements, typically demonstrated by deliberate misconduct, the agency may issue an enforcement order that includes a prohibition against all or some forms of NRC licensed activities. In addition, the NRC may engage in alternative dispute resolution with an individual who the NRC believes has willfully violated NRC requirements. Through alternative dispute resolution, the NRC may issue a confirmatory order that includes an agreed-upon period of prohibition from all or some types of NRC-licensed activities. In less significant cases, the agency may issue a notice of violation to an individual.</p>	
(Check either Yes or No)	
Have you ever been issued an NRC Escalated Enforcement Action?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	

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NOTIFICATION OF LEGAL ACTIONS

Federal Regulations require that individuals applying for, certified for, granted or maintaining and who have been granted Unescorted Access Authorization (UAA) or Unescorted Access (UA) or Fitness-For-Duty Authorization (FFDA) at Nuclear Power Plants must report LEGAL ACTIONS from the time the individual signs the PHQ up to and including the time that the individual’s UAA/UA or FFDA is terminated. A Legal Action will be judged based upon its potential to impact upon your trustworthiness. This is part of the Behavioral Observation Program (BOP).

To comply with this regulation, you are required to report ANY Legal Actions (Legal Actions including citations such as parking violations or speeding tickets do not require reporting unless they are alcohol or drug related), to your Supervisor and Security Access as soon as possible, but before reporting to work. Failure to report a legal action as required may result in denial, suspension, revocation, or withdrawal of UAA/UA or FFDA, and disciplinary action up to and including discharge.

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 charges or military charges 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) Use, sale or possession of Illegal Drugs; (2) Abuse of legal drugs or alcohol; (3) Refusal to take a drug or alcohol test.

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, are not included unless they are drug or alcohol related.

Failure to report could result in denial of UAA/UA, and disciplinary action up to and including termination.

By my signature below, I certify that I have read this notification and understand my obligation to report Legal Actions from the signing of this document until authorization is terminated.

Signature

Date

Personal And Confidential Information

Print Name: _____

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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.

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/Unescorted Access and/or access to safeguards information. I understand that the information I have provided in this form will be verified by authorized background investigators and will be used only for access authorization purposes.

I understand that if I am certified UAA or granted UA, it is my responsibility, under the Behavioral Observation Program (BOP), to report any Legal Action to my supervisor and Security Access per 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 my UAA/UA. The determination of what constitutes a Legal Action is a matter of state law but, in general, the term Legal Actions include but are not limited to, being held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation or ordinance. This includes felony, misdemeanor, serious traffic offenses, serious civil charges or military charges 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) Use, sale or possession of Illegal Drugs;
- (2) Abuse of legal drugs or alcohol;
- (3) Refusal to take a drug or alcohol test.

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 are not included unless they are alcohol or drug related.

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, granted UA and/or granted access to Safeguards information. This information will be retained for a period of time after the last termination of my UAA/UA, or denial of my UAA/UA, and/or access to Safeguards information.

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

Printed Name	Social Security Number
Signature	Date

TO BE COMPLETED BY CENG / SECURITY ACCESS UNIT PERSONNEL ONLY

Reviewed by:	Date:
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Personal And Confidential Information

Print Name: _____

Attachment 16, Constellation Energy Nuclear Group (CENG) Reinstatement (31 to 365 Days) Personal History Questionnaire (PHQ) And Self-Disclosure

A Summary of Your Rights Under the Fair Credit Reporting Act

(Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.)

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment –or to take another adverse action against you – or must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

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

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but your will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore. You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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A Summary of Your Rights Under the Fair Credit Reporting Act (Continued)

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

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center — Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SE Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers And Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Association	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center— FCRA, Washington, DC 20580 (877) 382-4357

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NEW YORK CORRECTION LAW | ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings: (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission. (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons. (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question. (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm. (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

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NEW YORK CORRECTION LAW | ARTICLE 23-A (Cont.)

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors: (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities. (d) The time which has elapsed since the occurrence of the criminal offense or offenses. (e) The age of the person at the time of occurrence of the criminal offense or offenses. (f) The seriousness of the offense or offenses. (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct. (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public. 2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.