

**CENTER FOR NUCLEAR WASTE
REGULATORY ANALYSES**

ADMINISTRATIVE PROCEDURE

Proc. AP-007

Revision 0

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Title

AP-007 EMPLOYMENT PROCEDURE FOR PROFESSIONAL STAFF

EFFECTIVITY AND APPROVAL

Revision 0 of this procedure became effective on 2/20/89. This procedure consists of the pages and changes listed below.

<u>Page No.</u>	<u>Change</u>	<u>Date Effective</u>
1 - 17	-	2/20/89

SUPERSEDED

Supersedes Procedure No. **None**

Approvals

Written By



Date

2/20/89

Cognizant Director



Date

2/20/89

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AP-007 EMPLOYMENT PROCEDURE FOR PROFESSIONAL STAFF

1. INTRODUCTION

The identification and selection of professional personnel (personnel) for employment at the Center for Nuclear Waste Regulatory Analyses (Center) will be accomplished in accordance with the then current applicable section of Southwest Research Institute's "Operating Policies and Procedures" (OPP) and any amendments or attachments thereto. Consistent with the mission of the Center, personnel will be identified and selected who exemplify excellence in their demonstrated work product to support of the existing Nuclear Regulatory Commission (NRC) prime contract. These personnel will be selected from those who meet applicable criteria defined in a requisition conveyed to the Southwest Research Institute (SwRI) Personnel Department (PD). The timely and efficient processing of each requisition and subsequent hiring of each person will facilitate the accomplishment of NRC contract deliverables within the current schedule and fiscal constraints.

2. PURPOSE AND SCOPE

The identification and employment of qualified personnel involves the efficient interaction of cognizant personnel from the Center and SwRI. This procedure outlines the salient methods and mechanics associated with the request for and supply of the required Center "core" personnel to provide expertise in the conduct of the Center's prime contract.

3. RESPONSIBILITY

3.1 Consistent with SwRI's OPPs, the PD will send all applicable employment-related materials to each prospective employee, and make the formal employment offer in behalf of both SwRI and the Center.

3.2 The SwRI PD will communicate on all personnel administration matters relative to the necessary review and required approval(s) with both the Center and SwRI cognizant Vice-Presidents, as well as Directors and/or Managers.

3.3 The Director of Administration (DA) for the Center will monitor and coordinate all personnel administration activity with both the Center and SwRI.

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3.4 Cognizant Center staff will communicate all personnel administration matters through the DA who will coordinate the solicitation and subsequent review of each personnel action with the cognizant Center staff.

4. PROCEDURE

The following outlines the mechanics of employment solicitation, review and offer for each prospective employee pursuant to the existing NRC contract with the Center.

- 4.1 Consistent with SwRI's OPPs, the Center staff via the DA will initiate a "SwRI Personnel Requisition" form (Form E-12) which defines the selection criteria for each prospective employee, and will send same to the PD.
- 4.2 Cognizant Center staff will make a thorough search of technically qualified prospective employees and a preliminary assessment that each has no personal and/or related organizational conflicts of interest (COI) that may preclude their performance in connection with the NRC prime contract (See AP-001). Subsequently, such staff will advise each such prospective employee that he/she must execute the necessary documents to evidence freedom from any such conflict. All COI related documentation will be conveyed to any prospective employee by the PD with employment-related material, if such staff express interest in any such employee.
- 4.3 The PD will send all "Application for Employment" (Form E-2), "Report of Medical History" and related documents to those identified by the Center and other potentially qualified prospective employees. In addition, the PD will send the "Center for Nuclear Waste Regulatory Analyses Questionnaire for Preliminary Evaluation of Potential Conflict of Interest" (Form AP-001-01) and a "Sample Required Letter" concerning the potential employee's freedom from COI along with those employment-related forms and documents which should be executed and returned to the PD by each prospective employee. The completed employment-related material, including COI, will be sent to the Center by the PD. After receipt of this material, the DA will make available this material to the cognizant Center staff for their review and action.
- 4.4 The Center's DA will forward any action items, e.g., job interviews and additional documents, through the "Applicant Action Form" (Form E-11) to the PD for their action.

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4.5 After receipt of all materials from the PD, cognizant Center staff review of same and any interview(s) with each prospective employee, the cognizant Center staff will utilize the "Personnel Application Review Comments" form (Form AP-3) and/or Form E-11 to inform the DA of their disposition relative to each prospective employee. All E-11 forms corresponding to those prospective employees who were not selected will be returned, with comments, by the DA to the PD. The DA will utilize Form E-11 to request that the PD take the necessary steps to effect employment of the selected person. Concurrently, the cognizant Center staff will contact the selected employee to review all Center-specific terms and conditions of their employment offer.

4.6 Subsequent to the PD securing all required approvals from both Center and SwRI cognizant personnel, the PD will advise the cognizant Center staff who will confirm the terms and conditions of the employment offer with the selected employee. The DA, then, will notify the PD that such confirmation has been made, and request the final processing of all employment-related documentation and official notification of employment be given to the selected employee.

4.7 The DA will prepare a "Payroll Authorization Request" (Form E-4) to document the employment of the selected employee, and will convey same to the PD for affixing of the remaining necessary approvals. A copy of all applicable employment-related material will be conveyed to the Center via the DA who will maintain same in the Center's personnel file in accordance with Section 5 of this procedure.

5. RECORDS

Official employment-related documentation including but not limited to application documents is retained by SwRI for a duration of six (6) years as approved by all cognizant audit agencies. The Center will maintain an appropriate set of employment-related materials for ready access.

SAMPLE REQUIRED LETTER

Date

President
Center for Nuclear Waste Regulatory Analyses
Southwest Research Institute
6220 Culebra Rd.
San Antonio, TX 78284

Subject: Freedom from Conflict Interest

Dear _____:

If selected, I agree to serve as (a consultant, an employee, a person working) for the Center for Nuclear Waste Regulatory Analyses (Center). I have reviewed the Center requirements as indicated in Procedure AP-001 regarding personnel working for the Center and the extent to which the Center must have no conflicts of interest with NWPAA-related work. I have also reviewed my past actions and activities as well as details of the work which is and will be required of me. To the best of my knowledge, I believe I am currently free from conflict of interest, intend to remain free from conflict of interest, and will notify the Center if I undertake work which may give rise to a conflict of interest.

(Other information may be included, as the consultant believes appropriate).

Very truly yours,

(Closing of correspondence, with
signature above printed name)

SOUTHWEST RESEARCH INSTITUTE

Post Office Drawer 28510 • San Antonio, Texas 78284
Telephone: (512) 684-5111

APPLICATION FOR EMPLOYMENT

(Answer all questions - please type or print in black ink)

PERSONAL

Last	First	Middle	Position Applying For		Date of Application
NAME					
What type of employment are you seeking?			Have you applied here before? If YES, for what position?		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Co-op <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Address:					Home Phone No.
Number	Street	City	State	Zip Code	
Permanent Address:					Work Phone No.
Number	Street	City	State	Zip Code	
Social Security No.		U.S. Citizen? If NO, list type of visa and visa number.			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you licensed to drive a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, in what state?			License Number:		
Are you now awaiting trial or have you ever served a probationary period or been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, give date(s) and explain.					
Is spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, by whom?					
Do you have a relative employed by SwRI? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who referred you to SwRI?	
If YES, who?					
Name		Relationship		Address	
				Telephone No.	
In case of emergency, notify:					

EDUCATION

Schools Attended	Name and Address of School	List Diploma or Degrees and Major Courses of Study	Circle Number of Years Completed				Dates Attended	
			5	6	7	8	From: Mo/Yr	To: Mo/Yr
Elementary								
High School								
Business								
Technical or Trade								
College								
College								

List year and location if you have earned a G.E.D. diploma.

SERVICE

Began Service	Ended Service	Type of Discharge	Do you have a service connected disability?	Nature of work performed in the service
Grade _____	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			What?	(Use Employment History area as necessary.)

3. Name, address, and phone number of employer:

Dates of employment: From _____ to _____ Starting Salary _____ Ending Salary _____
mo/yr mo/yr

Title of your last position: _____ Reason for leaving: _____

Description of your work duties:

Person to contact for reference:

Name _____ Title _____ Bus. Phone No. _____

4. Name, address, and phone number of employer:

Dates of employment: From _____ to _____ Starting Salary _____ Ending Salary _____
mo/yr mo/yr

Title of your last position: _____ Reason for leaving: _____

Description of your work duties:

Person to contact for reference:

Name _____ Title _____ Bus. Phone No. _____

5. Name, address, and phone number of employer:

Dates of employment: From _____ to _____ Starting Salary _____ Ending Salary _____
mo/yr mo/yr

Title of your last position: _____ Reason for leaving: _____

Description of your work duties:

Person to contact for reference:

Name _____ Title _____ Bus. Phone No. _____

6. Name, address, and phone number of employer:

Dates of employment: From _____ to _____ Starting Salary _____ Ending Salary _____
mo/yr mo/yr

Title of your last position: _____ Reason for leaving: _____

Description of your work duties:

Person to contact for reference:

Name _____ Title _____ Bus. Phone No. _____

GENERAL INFORMATION

Please list the names, addresses, and phone numbers of three personal references who are not your relatives.

Have you previously received a security clearance? Yes No

Have you ever been denied a security clearance?
 Yes No; If YES, explain _____

Is there any reason why you would not now be granted clearance for work on classified United States military projects?

Do you object to work on military projects, including those involving non-nuclear weapons systems? Yes No

If your position requires, are you willing to travel? Yes No

If your position requires, are you willing to work shift work? Yes No; Overtime? Yes No

Do you know any reason why you could not be bonded? Yes No; If YES, explain _____

Salary expected: _____ (We must have numerical idea of your salary requirement.)

Earliest date available: _____

Do you have any disability or handicap that you believe would require a special accommodation for you to perform the job for which you are applying? Yes No; If YES, explain _____

If additional space is needed, please enclose separate sheet or resume.

EMPLOYMENT CONDITIONS

Completion of Institute's confidential Medical Questionnaire and, if requested, a medical examination at Institute expense prior to employment or at any time during the time applicant is employed by Institute. This medical examination may be for the purpose of drug screening.

Execution by applicant of a Contract of Employment.

Participation by applicant in the Institute's group life insurance and long-term disability plan; voluntary participation in the Institute's Medical Benefits Plan; participation, when eligible and required to do so, in the pension plan.

If requested at any time, completion by applicant of an application for United States Government security clearance.

Notwithstanding any representations to the contrary, employment by the Institute is for an indefinite period and may be terminated at any time by either the Institute or employee by giving not less than two weeks advance notice to the other.

Permission is granted to inquire about and obtain academic records from educational institutions, to inquire about employment with previous employers named herein, to obtain my driving records, and to use a copy of this application for authorization as necessary.

I have read and completed the foregoing application carefully and understand and agree that any false statement or omission shall be grounds for refusal of the Company to hire me or, if I am employed, to immediately terminate my services, regardless of the date or circumstances under which such false statement or omission is discovered.

SIGNATURE: _____

AN EQUAL OPPORTUNITY EMPLOYER

NAME _____
LAST _____
FIRST _____
M.I. _____
SSN _____

REPORT OF MEDICAL HISTORY

GENERAL INFORMATION

The answers to the questions in this medical history are to aid us in placing you in a job safe to you and others, as well as to provide information for emergency medical situations. The information obtained will be held strictly private and confidential and will be used only by appropriate Personnel Department and Medical Department staff. Potentially hostile environments existing at SwRI include those involving toxic chemicals, ionizing radiation, dust, loud noise, heights, heavy lifting and carrying, temperature extremes, frequent travel to remote sites, and others. Although all environments at SwRI are within government and industrial health and safety standards, an individual may have a sensitivity or aversion to work in one of the environments listed.

PART I TO BE COMPLETED AT TIME OF APPLICATION.
PART II TO BE COMPLETED FOLLOWING EMPLOYMENT.

REPORT OF MEDICAL HISTORY — PART I (Complete as Part of Application)

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

1. LAST NAME — FIRST NAME — MIDDLE NAME	2. SSN
3. TYPE OF WORK FOR WHICH APPLYING	4. DATE OF APPLICATION
	5. DATE OF BIRTH
	6. SEX

7. STATEMENT OF EXAMINEE'S PRESENT HEALTH (Circle one — if "Fair" or "Poor", explain in Item No. 31.)

Excellent Good Average Fair Poor

8. Height _____ Weight _____

REFERENCE AND EXPLAIN, GIVING DATES, IN ITEM 31 ANY "YES" ANSWERS CHECKED IN ITEMS 9-23.

9. DO YOU (Please check each item.)

	Yes	No		Yes	No		Yes	No
(1) Wear glasses or contact lenses			(3) Wear a hearing aid			(5) Wear a brace or back support		
(2) Have vision in both eyes			(4) Stutter or stammer habitually					

10. HAVE YOU EVER HAD OR DURING THE LAST SIX MONTHS, HAVE YOU RECEIVED MEDICAL TREATMENT, DRUGS OR PRESCRIPTION MEDICINES OR CONSULTED A PHYSICIAN FOR THE FOLLOWING LISTED CONDITIONS?

(Check each item)	Yes	No	(Check each item)	Yes	No	(Check each item)	Yes	No
(1) Dizziness or fainting spells			(8) Anemia or blood disorder			(15) Painful or "trick" shoulder or elbow		
(2) Eye trouble			(9) Tumor, growth, cyst, cancer			(16) Recurrent back pain		
(3) Hearing loss			(10) Rupture/hernia			(17) "Trick" or locked knee		
(4) Skin diseases			(11) Sugar or albumin in urine			(18) Foot trouble with severe pain		
(5) Asthma			(12) Arthritis, Rheumatism, Bursitis			(19) Epilepsy or fits		
(6) Heart trouble			(13) Lameness			(20) Periods of unconsciousness		
(7) High or low blood pressure			(14) Loss of finger or toe			(21) Females: Are you pregnant? If yes, give expected delivery date in item 31.		

	Yes	No		Yes	No
11. Have you been refused employment or been unable to hold a job or stay in school because of: (1) Sensitivity to chemicals, dust, sunlight, etc. (2) Inability to perform certain motions (3) Inability to assume certain positions (4) Other medical reasons (If yes, give reasons)			17. Have you worked with radiation sources, radiation producing equipment, or radioactive materials? (Explain)		
			18. Have you worked in a dusty trade, such as mining, foundry, or pottery?		
			19. Have you ever had any ill effects from the work you have done?		
			20. Have you ever submitted a compensation claim or received benefits as a result of an occupational injury or accident?		
12. Have you had any operations? (If yes, describe and give age at which occurred.)			21. Have you ever received a pension for a physical disability?		
13. Have you ever been a patient in any type of hospital? (If yes, specify when, where, and why.)			22. Have you ever been advised to have a surgical operation or medical treatment that has not been done?		
14. Do you now have any physical condition or defect that may require a special work assignment under Section 503 of the Rehabilitation Act of 1973 or otherwise?			23. Have you ever had any illness or injury other than those already noted? (If yes, specify when and where and give details.)		
15. Have you ever been rejected or rated up for insurance, rejected for employment, or rejected by the Armed Forces for health reasons? (Explain)					
16. Have you ever been exposed to extensive radiation in medical diagnosis or treatment? (Explain)					

PART I CONTINUED

- 24. Are you under a doctor's care now? Yes No
Please list his name and address and describe your condition. _____

- 25. Are you taking any drugs or medicines now? Yes No
Please list them. _____
- 26. I have lost _____ days from work on sick leave the past 12 months.
- 27. I drink alcoholic beverages: Never _____ 1-3 days per week _____ Nearly every day _____ Very seldom _____
- 28. My personal or family physician is _____
His address is _____
- 29. Have you had a physical examination within the last 12 months? Yes No; Doctor's name _____
- 30. Have you had tetanus immunization? Yes No; Date _____
- 31. _____

(Continue on separate sheet if necessary.)

PLEASE READ AND SIGN.

I hereby authorize the Institute physician (SwRI) to provide a copy of these completed forms as they may be needed to satisfy NRC or state requirements for nuclear reactor inspectors.

In connection with this history form and/or physical examination, I hereby authorize all physicians, practitioners, hospitals, and other institutions, by this form (or by appropriate letter of request), to give to the Institute physician (SwRI), San Antonio, TX, for inclusion in the Institute medical files, any information they have regarding the condition of my health when I was under observation or treatment by them.

If I (and my dependents) become eligible for participation in the Institute Medical Trust Plan, I understand that coverage for a Pre-Existing condition will be postponed until six (6) months (twelve (12) months for dependents) have elapsed, during which no expenses have been incurred or no treatment has been received.

As an applicant for employment at Southwest Research Institute, 6220 Culebra Road, San Antonio, TX 78284, and pursuant to Article 8307, Section 9a, Subsections (d) and (m), of the Texas Workers' Compensation law, I hereby authorize Southwest Research Institute, by presenting this release or a copy thereof, to obtain from the Industrial Accident Board and any of my former employers the dates of injuries and the nature of such injuries that have been reported to the Industrial Accident Board during the past five (5) years and provide my signature below as approval. I further release Southwest Research Institute and any former employer of mine from any and all liability for damages of whatever kind may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or as a result of the use of said information by Southwest Research Institute in considering my employment application.

Any misrepresentation of a material fact on this document may be cause for withdrawal of employment offer or dismissal.

Date _____ Signature of Applicant _____
Address _____

REPORT OF MEDICAL HISTORY – PART II

(Complete only after employment)

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

1. LAST NAME—FIRST NAME—MIDDLE NAME

2. HOME PHONE NO.

3. JOB TITLE

4. PERSON TO BE NOTIFIED IN EMERGENCY—ADDRESS—PHONE NO.

REFERENCE AND EXPLAIN, GIVING DATES, IN ITEM 7 ANY "YES" ANSWERS CHECKED IN ITEMS 5 & 6.

5. HAVE YOU EVER (Please check each item.)

	Yes	No		Yes	No
(1) Lived with anyone who had tuberculosis			(4) Attempted suicide		
(2) Coughed up blood			(5) Been a sleep walker		
(3) Bled excessively after injury or tooth extraction					

6. HAVE YOU EVER HAD OR DURING THE LAST SIX MONTHS, HAVE YOU RECEIVED MEDICAL TREATMENT, DRUGS OR PRESCRIPTION MEDICINES OR CONSULTED A PHYSICIAN FOR THE FOLLOWING LISTED CONDITIONS?

(Check each item)	Yes	No	(Check each item)	Yes	No	(Check each item)	Yes	No
(1) Scarlet fever, erysipelas			(13) Shortness of breath			(25) Frequent or painful urination		
(2) Rheumatic fever			(14) Pain or pressure in chest			(26) Bed wetting since age 12		
(3) Swollen or painful joints			(15) Chronic cough			(27) Kidney stone or blood in urine		
(4) Frequent or severe headaches			(16) Palpitation or pounding heart			(28) An implanted pacemaker, heart valve, or vessel graft		
(5) Ear, nose, or throat trouble			(17) Cramps in your legs			(29) Recent gain or loss of weight		
(6) Chronic or frequent colds			(18) Stomach ulcers			(30) Bone, joint or other deformity		
(7) Severe tooth or gum trouble			(19) Liver or intestinal trouble			(31) Neuritis		
(8) Sinusitis			(20) Gall bladder trouble or gallstones			(32) Paralysis (include infantile)		
(9) Hay fever			(21) Jaundice or hepatitis			(33) Frequent trouble sleeping		
(10) Head injury			(22) Reaction to serum or drugs			(34) Depression or excessive worry		
(11) Thyroid trouble			(23) Broken bones			(35) Loss of memory or amnesia		
(12) Tuberculosis			(24) Piles or rectal disease			(36) Nervous trouble of any sort		

7. _____

The conditions and agreements confirmed by signature, Part I, are reconfirmed.

Signature _____ Date _____

PERSONNEL APPLICATION REVIEW COMMENTS

ROUTE TO:

_____	_____
_____	_____

PERSONNEL APPLICATION REVIEWED:

COMMENTS:

REVIEWER:

DATE OF REVIEW:

COMMENTS:

_____	_____
_____	_____

REVIEWER:

DATE OF REVIEW:

COMMENTS:

_____	_____
_____	_____

REVIEWER:

DATE OF REVIEW:

COMMENTS:

_____	_____
_____	_____

REVIEWER:

DATE OF REVIEW:

COMMENTS:

_____	_____
_____	_____

REVIEWER:

DATE OF REVIEW:

RETURN TO:

ACTION TAKEN:

PAYROLL AUTHORIZATION REQUEST

Name _____ SSN or Emp. # _____ Title _____

Home Address _____ Phone _____

Department or Service Unit _____ Code Center _____

ADD TO STAFF

Effective Date _____ Salary _____

Regular Full Time Temporary Part Time

CHANGE STATUS

New Title _____

Transfer to _____

New Salary _____ Date _____

Present Salary _____

Effective Date of Transfer _____

Date of Last Increase _____

Date Begin Leave of Absence _____

Date End Leave of Absence _____

Date Began LTD _____

Date End LTD _____

TERMINATION

Effective Date _____

Accrued Vacation Pay _____

How Handle Check _____

Terminal Pay _____

Terminating employee must complete clearance form E-16.

REMARKS

APPROVALS

Director/Vice President Date _____

Director/Vice President Date _____
(for transfer approval)

Exec. Vice President/President Date _____

Director of Personnel Date _____

Vice President - Finance Date _____

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EFFECTIVITY

Revision 1 of this procedure became effective on 03/14/2003. This procedure consists of the pages and changes listed below.

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All	0	03/14/2003

Supersedes Procedure No. AP-007 Revision 0 Change 0

Approvals

Written by

Henry F. Garcia

Date

3/11/03

Concurrence Review

Bonnie Caudle

Date

3/11/2003

Quality Assurance

Bruce Mabrito

Date

3/11/2003

President

Wesley C. Patrick

Date

3/11/2003

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AP-007 EMPLOYMENT PROCEDURE FOR CNWRA STAFF

1. INTRODUCTION

The identification and selection of staff for employment at the Center for Nuclear Waste Regulatory Analyses (CNWRA) will be accomplished in accordance with the applicable sections of Southwest Research Institute® (SwRI®) Operating Policies and Procedures (OPP), Employment Manual of the Human Resources Department (HRD), Compliance Program, and Technology Control Plan. Consistent with the mission of the CNWRA, staff will be identified and selected who exemplify technical competence as well as a disposition to work on technical and regulatory matters to support U.S. Nuclear Regulatory Commission (NRC) contracts and other clients. These staff will be selected from those who meet applicable criteria defined in a requisition conveyed to the SwRI HRD. The timely and efficient processing of each requisition and subsequent hiring of each person will facilitate completing contract work within applicable schedule and fiscal constraints.

2. PURPOSE AND SCOPE

The identification and employment of qualified staff is described in this administrative procedure (AP). This procedure provides the process from writing the position description through candidate selection.

3. RESPONSIBILITY

- 3.1 The HRD or the CNWRA (Division 20) Executive Assistant (EA) will send all applicable employment-related materials to each prospective employee. Only the HRD can make a formal employment offer.
- 3.2 The HRD will communicate with the CNWRA EA on all employment-related matters.
- 3.3 The EA will monitor and coordinate all CNWRA employment-related activities with cognizant CNWRA and SwRI personnel.
- 3.4 Cognizant CNWRA staff will communicate all employment-related matters through the EA, who will coordinate the solicitation and subsequent review of each personnel action with these staff members.

4. PROCEDURE

The following outlines the procedures for employment solicitation, review, and offer for employment. In the event of any conflict, the SwRI Operating Policies and Procedures take precedent over this AP.

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- 4.1 The individual who will be the direct supervisor (typically an Element Manager or Director) of the employee will prepare a position description (SwRI Personnel Requisition Form, Form E-12) consistent with the established CNWRA staffing plan and in accordance with the OPP. In cases where the employee will work in multiple elements or groups, the position description should be coordinated among the principal managers of those elements or groups. Approval of the position description by the Technical Director and the President of the CNWRA is required. The EA will send the signed form to the HRD.
- 4.2 Advertisements will be drafted by the direct supervisor, as appropriate, prepared by the Publications department, and approved by the Technical Director or President. Decisions regarding advertising will take into consideration the nature of the position, availability of qualified candidates, the urgency of filling the position, the cost of advertising, etc.
- 4.3 The EA will send the Application for Employment (Form E-2), Report of Medical History, and related documents potentially qualified prospective staff. In addition, the EA will send the Center for Nuclear Waste Regulatory Analyses Questionnaire for Preliminary Evaluation of Potential Conflict of Interest (Form AP-001-01) and the Freedom from Conflict of Interest Letter (to potential staff not exempt from this requirement under AP-001 Section 6A) along with those employment-related forms and documents. Completed forms and documents will be returned to the HRD by each prospective staff person. The completed employment-related materials, including the conflict of interest (COI) material, will be sent to the CNWRA by the HRD. After receipt of these materials, the EA will provide them to the cognizant CNWRA Director or Element Manager for his/her review and action.
- 4.4 The EA will route all resumes or applications received for comment. The appropriate distribution of resumes and applications will be determined on a case-by-case basis, but will include as a minimum the potential direct supervisor, Technical Director, and President. Appropriate technical and management staff should also be included in the distribution. For example, comments from other group members should be obtained on prospective technical staff, comments from appropriate Element Managers should be obtained on prospective administrative staff, and comments from the Computer Users Group should be obtained on prospective information management system support staff.
- 4.5 In cases where a candidate is clearly not qualified with respect to the position description, the direct supervisor should forward the resume or application, together with his or her comments, directly to the Technical Director or President for final review and close out (i.e., it is not necessary to route such resumes through the entire group).

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- 4.6 The CNWRA Director or Element Manager will make a thorough search of qualified prospective staff and a preliminary assessment to determine a potential COI that may preclude his/her selection as a CNWRA employee (See AP-001). If the potential staff member is included in the 6A Section of AP-001, no further COI assessment is necessary.
- 4.7 In addition, a CNWRA Director or Element Manager will determine citizenship of the qualified prospective technical person. Citizenship will be evaluated as a possible condition for employment on a case-by-case basis, taking into consideration client requirements, information security, and other appropriate factors. If the interviewee is not a U.S. citizen, he/she will interview with the SwRI Legal Department representative before beginning interviews with CNWRA staff.
- 4.8 Based on the comments received, the direct supervisor will select a short list—typically three to five—candidates. For technical staff, managers, and senior IMS staff, the direct supervisor will obtain telephone or e-mail references for individuals on the short list. For junior IMS staff and other support staff, the HRD will obtain these references. If an application has not been obtained at this point, it should be requested and included in the information packet.
- 4.9 The short list of candidates will be presented to the Technical Director and President for consideration and an appropriate number of candidates (typically three) will be selected for interviews. Comments provided by reviewers, references, potential for COI, availability to begin employment, salary requirements, and any citizenship or other factors will be considered in selecting interview candidates.
- 4.10 The EA will prepare an interview schedule, in consultation with the direct supervisor, and subject to the approval of the Technical Director. The direct supervisor will serve as host for the entire interview process. For technical staff and management, the interview will typically span 1-1/2 days and must include a formal presentation. As a matter of courtesy, the host should coordinate lunch and an evening dinner engagement. Interviews for support staff positions will typically be about one-half day long and will not require presentations. Interviews may include one-on-one and group interview settings. Interviewers will be selected to include appropriate management and technical staff to ensure that (i) the interviewee has opportunity to explore the range of activities he or she would be involved in and (ii) the staff has opportunity to evaluate the technical and other relevant capabilities of the candidate. Each interview will conclude with a brief close-out session involving the direct supervisor and the cognizant director.
- 4.11 All interviewers will prepare comments and provide them to the direct supervisor within one day after the conclusion of the interview. Comments should be fair and objective, and be offered in the context of the requirements delineated in the position description.

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- 4.12 When all candidates on the short list have been interviewed, the direct supervisor will meet with the Technical Director and President to determine whether any candidate warrants an offer. In reaching his or her recommendation, the direct supervisor is encouraged to consult with group members and others involved in the interview process. Any significant disagreements in recommendations by the interviewers will be resolved during this meeting.
- 4.13 The terms and conditions of employment (determined by the Technical Director, President, and direct supervisor) are written on the Applicant Action Form (Form E-11), which is signed by the President. The Form E-11 is given to the EA and is then sent to HRD with (i) interview comment sheets, (ii) references, and (iii) the source evaluation committee memorandum.
- 4.14 After the offer is made by HRD and accepted by the applicant, the EA will prepare a Payroll Authorization Request (Form E-4). The E-4 will be sent to HRD. Copies of applicable employment-related materials will be returned to the CNWRA and will be retained in the CNWRA personnel file in accordance with Section 5 of this AP.
- 4.15 Once the offer has been approved by HRD and senior SwRI management, the direct supervisor may call the candidate to verbally convey that an offer will be made by HRD. After the selected candidate has accepted the offer, the HRD should write a brief letter to the unsuccessful interviewed candidates indicating that they were not selected.

5. RECORDS

Official employment-related documentation is retained by SwRI for a duration of one (1) year as approved by all cognizant audit agencies. The CNWRA will maintain an appropriate set of employment-related materials for ready access.

The Professional Personnel Qualification folders for CNWRA technical staff are maintained in the CNWRA quality assurance records room permanently as defined in quality assurance procedure (QAP-012), Quality Assurance Records Control.