
CAISO CONSULTANT PACKET

CAISO requires that all vendors and contactors who require unescorted access to CAISO's property, access to CAISO's networks or servers, or who will be onsite for more than three (3) business days in a calendar quarter complete both a background investigation and drug screening.

All such vendors /contractors are required to complete the following forms:

- Background check information
- Security badge questionnaire
- Drug Screening
- Policy Agreement and Acknowledgement

Please review these policies, sign the forms and return them to the person below.

DUE TO THE SENSITIVE NATURE of the information you are providing, please fax a copy of the signed forms and mail the originals **ONLY** to:

California ISO
110 Blue Ravine Road
Folsom, California 95630
Phone: (916) 608-7000
Fax: (916) 608-7297
Attn: Human Resources

NOTE: PLEASE DO NOT COME ONSITE TO THE ISO UNLESS YOU HAVE RECEIVED THE NECESSARY APPROVALS AND NOTIFICATION FROM THE ISO CONTACT LISTED ON THE SECURITY BADGE QUESTIONNAIRE TO DO SO.

Other restrictions may apply to contract employees as negotiated in your employer's contract with the California ISO. Please confirm with your employer if other restrictions do or do not apply to you

BACKGROUND CHECK INFORMATION

I understand that background information verifications will be conducted by California ISO, or its agent. I understand that these verifications will be related to the services I have contracted to deliver and may include, but are not limited to, Consumer Credit Reports specifically designed for employment purposes, criminal history, civil cases in which I have been a principal, driving records, Workers Compensation claims, educational history (including Grade Point Average), and other public records.

I authorize, without reservation, any party or agency contacted by California ISO, or its agent, to furnish the above-mentioned information to California ISO. I have read this entire document, and I understand that by signing I am releasing all those parties from any and all liability. Furthermore, I agree to indemnify and hold harmless both California ISO and the agency completing the background check from and against any and all claims, demands, or liabilities, including court costs and attorney's fees. By my signature I am also voluntarily agreeing to all these conditions and giving my permission to perform this background verification.

PLEASE PRINT CLEARLY!Name: _____
(Last) (First) (Middle)

AKA / Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Current Address in US: _____

City, State, Zip: _____

Home Phone: _____ Alternate Phone: _____

NON-US CITIZENS or PERMANENT RESIDENTS: (Please complete the following and provide the following documents with this form.)

Passport Number: _____ Country of Issue: _____

Passport Expiration Date: _____

VISA Receipt Number: _____ Visa Category: _____

Visa Expiration Date: _____ I-94 Number: _____

Employer/Petitioner on Visa: _____ I-94 Expiration Date: _____

Permanent Address in Home Country: _____

History: Please list all **cities, counties, states** and **countries** in which you have lived or worked in the last (7) years.

City	County/Province/District	State	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Answers to questions below are not a bar to establishing a contract. Each case is considered on the requirement of the contract. Give details of "yes" answers to items 1, 2 or 3

- | | Yes | No |
|--|-----|-----|
| 1. Do you have relatives employed by California ISO or who are members of California ISO Board of Governors? If yes, list the name and relationship. | () | () |
| 2. Have you ever been discharged from employment or resigned to avoid such discharge? | () | () |
| 3. Have you ever been convicted of a misdemeanor or a felony by any court? If yes, give offense, date, and penalty of each conviction. | () | () |
| 4. Have you ever worked for the ISO as an Employee, Contractor, and or Consultant in the past. | () | () |

Give Details of "yes" answers to items 1,2 or 3 above:

I hereby certify that the above information is true and complete and I authorize California ISO, or its agent, to verify this information. I agree and understand that any misstatements or omissions of material facts herein may result in the termination of my placement with ISO. I understand that continuation of my placement is contingent upon passing a criminal background check, credit reference check, education verification, and License verification when applicable.

Consultant's Signature: _____ **Date:** _____
Employer Company Name: _____
ISO Contact Name: _____

NOTE: Please do not come onsite to the ISO unless you have received the necessary approval and notification from the ISO Contract Manager listed above to do so.

- _____ If a credit check is completed, I request a copy of my credit report as delivered to the California ISO ("X" or initial)
- _____ If a credit check is completed, I do not request a copy of my credit report as delivered to the California ISO ("X" or initial)

You have a right to request information regarding the nature and scope of any background verifications done on behalf of the California ISO. In the event that adverse action is taken as a result of information you believe to be erroneous, you must inform your employer or contracting agency within sixty (60) days of the time that the report is tendered to the California ISO. You will be provided with a copy of the disputed information and a method of contacting the agent completing the background check.

FOR CAISO INTERNAL USE ONLY

Resource Type	Check Type	Drug Test Required () Yes () No*
() Consultant	() Criminal	
() Contractor	() Credit	
() Employee	() Education	
() Temporary	() Work History	
Reviewers Name: _____	Reviews Department: _____	

SECURITY BADGE QUESTIONNAIRE			
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Date	

The following information should be submitted to the Corporate Security Office upon initial hire and annually before your hire date* or when changes occur. Maintaining up-to-date information is crucial and supports the Security Team's ability to provide the safe and secure working environment we all enjoy.

*Your access badge is automatically de-activated by the security system at midnight the day before your hire date.

Employee/Contractor Information (Please print)

Last Name		First Name		Middle Initial	
Job Title			Company Name		
Work Phone		Cell Phone		DOB	
				DL#	
ISO Supervisor			Supervisor Phone #		
Gender	M / F	Eye Color		Hair Color	
				Weight	
				Height	

Work Location (Circle one)

Folsom	Bldg 151	Bldg 101A	Bldg 101B	Bldg 101C	Bldg 110
Alhambra	Room Number				

Vehicle Information

Year		Make		Model	
Color		License		State	
2 door		4 door		Permit No.	

Year		Make		Model	
Color		License		State	
2 door		4 door		Permit No.	

Permit No. is completed by Security

The following information is to be filled out by an ISO employee

Resource Type	Consultant () Contractor () Employee () Temporary ()				
Resource Dates	Start Date		End Date		
Drug Test Required	Y () N ()		Project Code_____	Task Code_____	
Reviewers Name		Reviewers Department		Date_____	

Emergency Contact Information - Voluntary

During an emergency, ISO Security may need to call you at home or contact someone close to you. Please provide your emergency contact information below and sign your approval so the calls can be made during emergencies. Please also be sure that Human Resources has your current emergency contact information.

Emergency Contact's Last Name		Emergency Contact's First Name		Relationship	
Home Phone			Second Number		
Signature					

Drug Screening

It is the policy of the California Independent System Operator (ISO) to require an initial drug screening before Services may be commenced at the ISO.

Upon request by the Security Department your **drug screening shall be taken and completed on-site** at the time that you complete the badging process. Please do not have any food or beverages except water prior to 30 minutes before arrival at the Security Department. Any food or beverages may cause a false positive to the drug screen where **additional testing may be required prior to issuance of a non-escort badge**

Policy Agreement and Acknowledgement

I, _____, of _____
(PLEASE PRINT NAME) **(PLEASE PRINT COMPANY NAME)**

hereby acknowledge that I have read and understand the following documents:

- California Independent System Operator Corporation (“ISO”) Employees Code of Conduct (“Code of Conduct”)
- California ISO Information Security Policy (“Security Policy”)
- California ISO Workplace Violence Prevention Policy
- California ISO Fitness for Duty Policy (“Fitness for Duty Policy”)
- The ISO Consultant Safety Handbook

I hereby agree to comply in full with all requirements of the Code of Conduct, the Security Policy, Workplace Violence Prevention Policy and Fitness for Duty Policy. I have read and understand the Fitness for Duty Policy. I understand that performing services for the ISO is contingent upon passing a drug screening test (if so designated in the Contract). I understand that I may be required to undergo drug screening upon reasonable suspicion of actions, which violate this policy.

Further, I understand that I am responsible for complying with the Consultant Safety Handbook **and that I also take responsibility for my visitors, my guests and all Consultants that I am supervising on ISO property.** I will convey all information Consultant Safety Handbook to my visitors, my guests and all Consultants that I am supervising on ISO property and make available a copy of the Consultant Safety Handbook to such persons. I understand that noncompliance with the Consultant Safety Handbook may be grounds for termination of the Consulting Agreement and/or Work Order(s) with my employer or myself, or my ability to work on ISO property. If I have any questions regarding the Consultant Safety Handbook, I will contact the Safety Coordinator.

Signature

Date

Company Name: _____

Job Title: _____

Print Name: _____

ISO Contact Name: _____