

Child Care Positions Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and the Mandan Hidatsa & Arikara Nation of the Three Affiliated Tribes may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of “consumer reports” and “investigative reports” which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker’s compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

| | |
|--|-------|
| APPLICANT / EMPLOYEE / VOLUNTEER: | |
| Printed Name: | Date: |
| Signature: | |

Questionnaire for Designated Child Care Positions

Instructions for Completing This Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., ensure that the area code is included.
6. All dates provided in this form *must* be in Month/Day/Year or Month/Year format. Use number (01 – 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate “EST” in the field.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information


The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes' privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the Mandan, Hidatsa & Arikara of the Three Affiliated Tribes' privacy procedures. You will not receive prior notice of such disclosures under routine use.

Questionnaire for Designated Child Care Positions

Persons completing this form should begin with the questions below after carefully reading the preceding instructions.

I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment from employment.

YES NO

| | | | | | |
|--|---------------|--|--|----------------------------------|-------|
| 1. Full Name | | | | | |
| Last Name | First Name | Middle Name | Jr., II, etc | | |
| 2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded 'Yes' to having used other names, provide your other name(s) used and the reason why the name changed. | | | | | |
| Have you used any other names? | | | | YES | NO |
| Name | | Provide the reason(s) why the name changed | | | |
| Name | | Provide the reason(s) why the name changed | | | |
| 3. Date of Birth | | |  | 4. Social Security Number | |
| Month 00 | Day 00 | Year 0000 | | | |
| 5. Driver's License No. | | 6. Place of Birth | | | |
| No.: | State Issued: | City | County | State | |
| 7. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records. | | | | | |
| Personal/Home Email Address | | | Work/Alternative Email Address | | |
| Home Telephone Number | | Cell/Mobile Telephone Number | | Work/Alternative | |
| Day | Day | Day | Day | Day | Day |
| Night | Night | Night | Night | Night | Night |

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

8. Where You Have Lived – List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

Enter Residence Information

*#1 - Provide dates of your **present** residence.*

| | | | | |
|---|------|----------------------|-------------------------|--------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Is this residence: | |
| PRESENT | | | Owned by you | Rented or leased by you |
| | | | Military housing | Other |
| Street Address | | City | State | Zip code |
| Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? | | | | Yes No |

If yes, list (Include Community, State):

#2 - Provide dates of residence.

| | | | | |
|---|------|----------------------|-------------------------|--------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Is this residence: | |
| | | | Owned by you | Rented or leased by you |
| | | | Military housing | Other |
| Street Address | | City | State | Zip code |
| Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? | | | | Yes No |

If yes, list (Include Community, State):

#3 - Provide dates of residence.

| | | | | |
|---|------|----------------------|-------------------------|--------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Is this residence: | |
| | | | Owned by you | Rented or leased by you |
| | | | Military housing | Other |
| Street Address | | City | State | Zip code |
| Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? | | | | Yes No |

If yes, list (Include Community, State):

#4 - Provide dates of residence.

| | | | | |
|---|------|----------------------|-------------------------|--------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Is this residence: | |
| | | | Owned by you | Rented or leased by you |
| | | | Military housing | Other |
| Street Address | | City | State | Zip code |
| Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? | | | | Yes No |

If yes, list (Include Community, State):

#5 - Provide dates of residence.

| | | | | |
|---|------|----------------------|-------------------------|--------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Is this residence: | |
| | | | Owned by you | Rented or leased by you |
| | | | Military housing | Other |
| Street Address | | City | State | Zip code |
| Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? | | | | Yes No |

If yes, list (Include Community, State):

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

9. Where You Went to School – *Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.*

Have you received a degree or diploma in the **last 5 years**? Yes No (If no, proceed to next page.)

If yes, provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

| | | | | |
|------------------------|------|----------------------|------|--|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the most appropriate description of your school. High School Vocational/Technical/Trade College/University Online/Distance School |
|------------------------|------|----------------------|------|--|

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

| | |
|--|---------------|
| Street Address (Include city, state, and zip code) | Telephone No. |
|--|---------------|

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

| | | |
|--|--------------|----------------------------------|
| Choose one: Degree Attendance Only Diploma Other (Explain) | Major/Focus: | From Date (Month/Year) Est. |
|--|--------------|----------------------------------|

#2 - Provide dates of attendance.

| | | | | |
|------------------------|------|----------------------|------|--|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the most appropriate description of your school. High School Vocational/Technical/Trade College/University Online/Distance School |
|------------------------|------|----------------------|------|--|

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

| | |
|--|---------------|
| Street Address (Include city, state, and zip code) | Telephone No. |
|--|---------------|

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

| | | |
|--|--------------|----------------------------------|
| Choose one: Degree Attendance Only Diploma Other (Explain) | Major/Focus: | From Date (Month/Year) Est. |
|--|--------------|----------------------------------|

#3 - Provide dates of attendance.

| | | | | |
|------------------------|------|----------------------|------|--|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the most appropriate description of your school. High School Vocational/Technical/Trade College/University Online/Distance School |
|------------------------|------|----------------------|------|--|

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

| | |
|--|---------------|
| Street Address (Include city, state, and zip code) | Telephone No. |
|--|---------------|

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

| | | |
|--|--------------|----------------------------------|
| Choose one: Degree Attendance Only Diploma Other (Explain) | Major/Focus: | From Date (Month/Year) Est. |
|--|--------------|----------------------------------|

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

10. Employment Activities - List all of your employment activities beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1 - Select your employment activity.

| | | |
|---|---|---|
| Active Military Federal Contractor National Guard/Reserve | Other Federal Employment State Government Non-government employment | Self-employment Unemployment Other |
| Employer Name | | |
| From Date (Month/Year) Est. | To Date (Month/Year) Est. | Select the employment status: Full-time Part-time |
| Provide your assigned duty station during this period. (City and State) | | Provide your most recent position title. |
| Street Address | City | State Zip code |
| Telephone Number | Alternate Telephone Number | |

Provide the name of your supervisor.

| | | |
|---|--|--------------------------------------|
| Supervisor Last Name | First Name | Position Title |
| Home Telephone Number Day Night | Cell/Mobile Telephone Number Day Night | Work/Alternative Day Night |

| | | |
|--|-----|----|
| For this employment, in the last 5 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? | Yes | No |
|--|-----|----|

| | |
|---|--------------------|
| If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. | Date: (Month/Year) |
|---|--------------------|

| | | |
|---|-----|----|
| For this employment have any of the following happened to you in the last 5 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. | Yes | No |
|---|-----|----|

| Select your type of incident: | Reason: | Employment Departure Date: |
|--|---------|----------------------------|
| Fired | | (Month/Year) Est. |
| Quit after being told you would be fired | | (Month/Year) Est. |
| Left by mutual agreement following charges or allegations of misconduct. | | (Month/Year) Est. |

If no longer employed, provide the specific reason you left the employment activity:

| | | |
|---|-----|----|
| Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? | Yes | No |
|---|-----|----|

If yes, list (Include Community, State):

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

Employment Activities - *Continued.*

Entry #2 - Select your employment activity.

| | | | | | |
|---|---|--|--|-------------------------------|-----------|
| Active Military Federal Contractor National Guard/Reserve | Other Federal Employment State Government Non-government employment | Self-employment Unemployment Other | | | |
| Employer Name | | | | | |
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the employment status: | |
| | | | | Full-time | Part-time |
| Provide your assigned duty station during this period. (City and State) | | | Provide your most recent position title. | | |
| Street Address | | City | State | Zip code | |
| Telephone Number | | Alternate Telephone Number | | | |

Provide the name of your supervisor.

| | | |
|-----------------------|------------------------------|------------------|
| Supervisor Last Name | First Name | Position Title |
| Home Telephone Number | Cell/Mobile Telephone Number | Work/Alternative |
| Day Night | Day Night | Day Night |

| | | |
|--|-----|----|
| For this employment, in the last 5 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? | Yes | No |
|--|-----|----|

| | |
|---|--------------------|
| If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. | Date: (Month/Year) |
|---|--------------------|

| | | |
|---|-----|----|
| For this employment have any of the following happened to you in the last 5 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. | Yes | No |
|---|-----|----|

| Select your type of incident: | Reason: | Employment Departure Date: |
|--|---------|----------------------------|
| Fired | | (Month/Year) Est. |
| Quit after being told you would be fired | | (Month/Year) Est. |
| Left by mutual agreement following charges or allegations of misconduct. | | (Month/Year) Est. |

If no longer employed, provide the specific reason you left the employment activity:

| | | |
|---|-----|----|
| Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? | Yes | No |
|---|-----|----|

If yes, list (Include Community, State):

| Questionnaire Continuation | | | | |
|----------------------------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |

Employment Activities - Continued.

Entry #3 - Select your employment activity.

| | | |
|---|---|--|
| Active Military Federal Contractor National Guard/Reserve | Other Federal Employment State Government Non-government employment | Self-employment Unemployment Other |
|---|---|--|

Employer Name

| | | | | |
|------------------------|------|----------------------|------|---|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the employment status: |
| | | | | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip code |
|----------------|------|-------|----------|

| | | |
|------------------|----------------------------|--|
| Telephone Number | Alternate Telephone Number | |
|------------------|----------------------------|--|

Provide the name of your supervisor.

| | | |
|----------------------|------------|----------------|
| Supervisor Last Name | First Name | Position Title |
|----------------------|------------|----------------|

| | | | | | | | | |
|-----------------------|--|--------------|------------------------------|--|--------------|------------------|--|--------------|
| Home Telephone Number | | Day Night | Cell/Mobile Telephone Number | | Day Night | Work/Alternative | | Day Night |
|-----------------------|--|--------------|------------------------------|--|--------------|------------------|--|--------------|

For this employment, in the **last 5 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?

Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.

Date: (Month/Year)

For this employment have any of the following happened to you in the **last 5 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

Yes No

| Select your type of incident: | Reason: | Employment Departure Date: |
|--|---------|----------------------------|
| Fired | | (Month/Year) Est. |
| Quit after being told you would be fired | | (Month/Year) Est. |
| Left by mutual agreement following charges or allegations of misconduct. | | (Month/Year) Est. |

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?

Yes No

If yes, list (Include Community, State):

| Questionnaire Continuation | | | | |
|----------------------------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |

Employment Activities - *Continued.*

Entry #4 - Select your employment activity.

| | | |
|---|---|--|
| Active Military Federal Contractor National Guard/Reserve | Other Federal Employment State Government Non-government employment | Self-employment Unemployment Other |
|---|---|--|

Employer Name

| | | | | |
|------------------------|------|----------------------|------|-------------------------------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the employment status: |
| | | | | Full-time Part-time |

| | |
|---|--|
| Provide your assigned duty station during this period. (City and State) | Provide your most recent position title. |
|---|--|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip code |
|----------------|------|-------|----------|

| | |
|------------------|----------------------------|
| Telephone Number | Alternate Telephone Number |
|------------------|----------------------------|

Provide the name of your supervisor.

| | | |
|----------------------|------------|----------------|
| Supervisor Last Name | First Name | Position Title |
|----------------------|------------|----------------|

| | | |
|-----------------------|------------------------------|------------------|
| Home Telephone Number | Cell/Mobile Telephone Number | Work/Alternative |
| Day Night | Day Night | Day Night |

| | | |
|--|-----|----|
| For this employment, in the last 5 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? | Yes | No |
|--|-----|----|

| | |
|---|--------------------|
| If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. | Date: (Month/Year) |
|---|--------------------|

| | | |
|---|-----|----|
| For this employment have any of the following happened to you in the last 5 years ? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. | Yes | No |
|---|-----|----|

| Select your type of incident: | Reason: | Employment Departure Date: |
|--|---------|----------------------------|
| Fired | | (Month/Year) Est. |
| Quit after being told you would be fired | | (Month/Year) Est. |
| Left by mutual agreement following charges or allegations of misconduct. | | (Month/Year) Est. |

If no longer employed, provide the specific reason you left the employment activity:

| | | |
|---|-----|----|
| Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo? | Yes | No |
|---|-----|----|

If yes, list (Include Community, State):

| Questionnaire Continuation | | | | |
|----------------------------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |

Employment Activities - Continued.

Entry #5 - Select your employment activity.

| | | |
|---|---|--|
| Active Military Federal Contractor National Guard/Reserve | Other Federal Employment State Government Non-government employment | Self-employment Unemployment Other |
|---|---|--|

Employer Name

| | | | | | |
|------------------------|------|----------------------|------|-------------------------------|-----------|
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Select the employment status: | |
| | | | | Full-time | Part-time |

Provide your assigned duty station during this period. (City and State)

Provide your most recent position title.

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip code |
|----------------|------|-------|----------|

| | |
|------------------|----------------------------|
| Telephone Number | Alternate Telephone Number |
|------------------|----------------------------|

Provide the name of your supervisor.

| | | |
|----------------------|------------|----------------|
| Supervisor Last Name | First Name | Position Title |
|----------------------|------------|----------------|

| | | | | | | | | |
|-----------------------|-----|-------|------------------------------|-----|-------|------------------|-----|-------|
| Home Telephone Number | Day | Night | Cell/Mobile Telephone Number | Day | Night | Work/Alternative | Day | Night |
|-----------------------|-----|-------|------------------------------|-----|-------|------------------|-----|-------|

For this employment, in the **last 5 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?

Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.

Date: (Month/Year)

For this employment have any of the following happened to you in the **last 5 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

Yes No

| Select your type of incident: | Reason: | Employment Departure Date: |
|--|---------|----------------------------|
| Fired | | (Month/Year) Est. |
| Quit after being told you would be fired | | (Month/Year) Est. |
| Left by mutual agreement following charges or allegations of misconduct. | | (Month/Year) Est. |

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?

Yes No

If yes, list (Include Community, State):

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

11. Personal References – Provide **five (5) people** who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 5 years**. Do **not** provide anyone listed elsewhere on this form or close relatives.

Entry #1

| | | | | |
|---|--------------|--|--------------|---|
| Last Name | | First Name | | Middle Name |
| Provide dates known. | | Provide relationship to you (Check all that apply) | | |
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Neighbor Schoolmate Work Associate Other Friend |
| Provide the following contact information for this person. | | | | |
| Home Telephone Number | Day Night | Cell/Mobile Telephone Number | Day Night | Work/Alternative Day Night |
| Provide e-mail address for this person. | | | | I don't know |
| Provide street address for this person (including apartment number). Include city, state, and zip code. | | | | |

Entry #2

| | | | | |
|---|--------------|--|--------------|---|
| Last Name | | First Name | | Middle Name |
| Provide dates known. | | Provide relationship to you (Check all that apply) | | |
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Neighbor Schoolmate Work Associate Other Friend |
| Provide the following contact information for this person. | | | | |
| Home Telephone Number | Day Night | Cell/Mobile Telephone Number | Day Night | Work/Alternative Day Night |
| Provide e-mail address for this person. | | | | I don't know |
| Provide street address for this person (including apartment number). Include city, state, and zip code. | | | | |

Entry #3

| | | | | |
|---|--------------|--|--------------|---|
| Last Name | | First Name | | Middle Name |
| Provide dates known. | | Provide relationship to you (Check all that apply) | | |
| From Date (Month/Year) | Est. | To Date (Month/Year) | Est. | Neighbor Schoolmate Work Associate Other Friend |
| Provide the following contact information for this person. | | | | |
| Home Telephone Number | Day Night | Cell/Mobile Telephone Number | Day Night | Work/Alternative Day Night |
| Provide e-mail address for this person. | | | | I don't know |
| Provide street address for this person (including apartment number). Include city, state, and zip code. | | | | |

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

Personal References – Continued.

Entry #4

| | | |
|---|------------------------------|--|
| Last Name | First Name | Middle Name |
| Provide dates known. | | Provide relationship to you (Check all that apply) |
| From Date (Month/Year) | Est. | To Date (Month/Year) |
| | Est. | |
| | | Neighbor Schoolmate |
| | | Work Associate Other |
| Provide the following contact information for this person. | | |
| Home Telephone Number | Cell/Mobile Telephone Number | Work/Alternative |
| Day Night | Day Night | Day Night |
| Provide e-mail address for this person. | | |
| I don't know | | |
| Provide street address for this person (including apartment number). Include city, state, and zip code. | | |

Entry #5

| | | |
|---|------------------------------|--|
| Last Name | First Name | Middle Name |
| Provide dates known. | | Provide relationship to you (Check all that apply) |
| From Date (Month/Year) | Est. | To Date (Month/Year) |
| | Est. | |
| | | Neighbor Schoolmate |
| | | Work Associate Other |
| Provide the following contact information for this person. | | |
| Home Telephone Number | Cell/Mobile Telephone Number | Work/Alternative |
| Day Night | Day Night | Day Night |
| Provide e-mail address for this person. | | |
| I don't know | | |
| Provide street address for this person (including apartment number). Include city, state, and zip code. | | |

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

| | | |
|--|-----|----|
| 12. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials? | YES | NO |
| 13. In the last 5 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form). | YES | NO |
| 14. In the last 5 years have you been or are you currently on probation or parole? | YES | NO |
| 15. Are you currently on trial or awaiting a trial on criminal charges? | YES | NO |

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

| Question # | Month/Year | Offense | Action Taken | Arresting Law Enforcement /Military Agency | State |
|------------|------------|---------|--------------|--|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

| | | |
|--|-----|----|
| 16. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children? | YES | NO |
| 17. Have you EVER been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any of two or more misdemeanor offenses under Federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? <i>QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.</i> | YES | NO |

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

| Question # | Month/Year | Offense | Action Taken | Arresting Law Enforcement /Military Agency | State |
|------------|------------|---------|--------------|--|-------|
| | | | | | |
| | | | | | |
| | | | | | |

Questionnaire Continuation

| | | | | |
|-----------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|-----------|------------|-------------|---------------|---------------------------------|

Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Mandan, Hidatsa & Arikara of the Three Affiliated Tribes.

The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

| | | |
|---|-----|----|
| 18. In the last 5 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances. | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| 19. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance? | YES | NO |
|---|-----|----|

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

| | | | | | |
|------------|----|------------|-----|---------------------------|----------------------------------|
| Month/Year | TO | Month/Year | Est | Controlled Substance Used | Number of Times Used/Involvement |
| | | | | | |

| | | |
|---|-----|----|
| 20. In the last 5 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? | YES | NO |
|---|-----|----|

| | | | | |
|------------|----|------------|-----|--|
| Month/Year | TO | Month/Year | Est | If you responded "Yes" to the above question in this section, provide the prescription drug that you misused |
| | | | | |

Provide the reason(s) for and circumstances of the misuse of the prescription drug

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

| Questionnaire Continuation | | | | |
|----------------------------|------------|-------------|---------------|---------------------------------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

| Certification | | |
|---|--------------|-------------------|
| <p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.</p> | | |
| <p>I understand my right to obtain a copy of any national criminal history report made available to the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p> | | |
| Signature | Printed Name | Date (mm/dd/yyyy) |

| | |
|--|--|
| Enter you Social Security Number before going to the next page → | <input style="width: 150px; height: 30px;" type="text"/> |
|--|--|

Questionnaire for Designated Child Care Positions Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Authorize** the Social Security Administration (SSA) to verify my social security number (to match my name, social security number, and date of birth with information in SSA records and provide the results of the match) to the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., in the event of a discrepancy.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a designated position and/or a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

| | | | |
|---------------------------------|-----------------------------------|-------------------|------------------|
| Signature (sign in black ink) | Full name (Type or print legibly) | Date (mm/dd/yyyy) | |
| Other names used | | | |
| Current street address and city | State | Zip Code | Telephone number |