# Child Care Positions Pre-Employment/Investigation Disclosure Notice

### PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the	possible employ	/ment, access, ar	nd/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 Nan	ne			Middle Name		Jr., II, etc
2. Other Names	llsed – <i>Mai</i>	den name fro	om a formei	marria	ane alias(s)	or nickname(s	) If you have res	anonded 'Ve	s" to having
used other names, p						•		ponded re	o to naving
Have you used any other names?								YES	NO
Name				Provi	ide the reas	son(s) why the	e name changed		
Name				Provi	ide the reas	son(s) why the	e name changed		
3. Date of Birth						4. Social S	Security Numbe	er	
Month 00	Day 0	0	Year 0000		<b>-</b>				
5. Driver's Licens	se No.				of Birth				
No.:		State Issue	ed: City	1			County		State
7. Your Contact identify subjects in r	ecords.		our contact	informa				ntact metho	d and to
Personal/Home Er	nail Address	S			Work/Al	ternative Ema	ail Address		
Home Telephone I	Number		Cell/Mob	ile Tele	ephone Nur	mber	Work/Alternativ	ve	
		Day				Day			Day
		Night				Night			Night

		Questionnai	re Contin	uation				
Last Name	First Na	ime	Middle Nam	ne	Jr., II, etc.	Last 4 - So	ocial Security	Number
8. Where You Have Lived for the entire period must be acc your time between one or more unless to provide a minimum of as your permanent or mailing ac	counted for residences 2 years res	r without breaks. Indicate the s during the time period, you	e physical lo must list all	ocation of your resident Presidences. Do not	ence, not a l list residend	Post Office L ce before yo	box. If you sp our 18th birthd	plit day
Enter Residence Information	n							
#1 - Provide dates of your pre								
From Date (Month/Year)	Est.	To Date (Month/Year)  PRESENT		Is this residence:  Owned by y  Military hou		Rented o	or leased by	y you
Street Address			City			State	Zip code	
Is the residence within an Ind	lian Reser	vation, Village, Communit	y, Ranche	eria or Pueblo?			Yes	No
If yes, list (Include Community, State	e):							
#2 - Provide dates of residence.		To Data (Month (Voor)		lo thio regidence.				
From Date (Month/Year)	Est.	To Date (Month/Year)		Is this residence:  Owned by y  Military hou	sing	Other	or leased by	y you
Street Address			City			State	Zip code	
Is the residence within an Ind	lian Reser	vation, Village, Communit	y, Ranche	eria or Pueblo?			Yes	No
If yes, list (Include Community, State	e):							
#3 - Provide dates of residence.								
From Date (Month/Year)	Est.	To Date (Month/Year)		Is this residence:  Owned by y  Military hou		Rented o	or leased b	y you
Street Address			City			State	Zip code	
Is the residence within an Ind	lian Reser	vation, Village, Communit	y, Ranche	eria or Pueblo?			Yes	No
If yes, list (Include Community, State	e):							
#4 - Provide dates of residence.		1 = = . 6		T				
From Date (Month/Year)	Est.	To Date (Month/Year)		Is this residence:  Owned by y  Military hou	sing	Other	or leased b	y you
Street Address			City			State	Zip code	
Is the residence within an Ind	lian Reser	vation, Village, Communit	y, Ranche	eria or Pueblo?			Yes	No
If yes, list (Include Community, State	e):							
#5 - Provide dates of residence.								
From Date (Month/Year)	Est.	To Date (Month/Year)		Is this residence:  Owned by y  Military hou		Rented o	or leased by	y you
Street Address			City	•		State	Zip code	
Is the residence within an Ind	lian Reser	vation, Village, Communit	y, Ranche	eria or Pueblo?	<u>'</u>		Yes	No
If yes, list (Include Community, Stat.	e):							

Last Name	Ciast Nia	Questionna			In 11 ata	Last A. Casial Cassette Normalian
Last Name	First Na	me	Middle Na	ime	Jr., II, etc.	Last 4 - Social Security Number
- 14/1 1/1 0.1			40% 11.11			
<b>9.</b> Where You Went to School history.	<b>)I</b> – <i>D0 I</i>	oot list education before you	ur 18 <sup>th</sup> birth	nday, unless to provi	de a minimum	of two years of education
Have you received a degree or	diploma	in the last 5 years?	Ye	00	No (If no	n proceed to post page )
If yes, provide the following dat	es of att	endance and requested			140 (11110	o, proceed to next page.)
	cs or all	chalice and requested	IIIIOIIIIalic	л.		
#1 - Provide dates of attendance. From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Select the most app	ronriato descrinti	on of your school
Trom Date (world)	L3t.	To Date (Month Tear)	LSt.	High School  College/Univers	Vocation	on of your school. nal/Technical/Trade Distance School
Provide the name of the school.						
Provide the street address of the s	chool. F	or Online/Distance school,	provide the	e address where the	records are m	aintained.
Street Address (Include city, state	and zip	code)			Telephone N	0.
Did you receive a degree/dip	loma?	Yes No If yes	provide	type of degree(s)/a	diploma(s) red	ceived and date(s) awarded.
Choose one:		Major/Focus:	, [	<u>-7  9(-/-</u>	From Date (Mo	
Degree Attendance On	у	•			·	
Diploma Other (Explain)						
#2 Provide dates of attendance						
#2 - Provide dates of attendance. From Date (Month/Year)	st.	To Date (Month/Year)	Est.	Select the most app	ronriate descrinti	on of your school
Trom Date (Month rear)	-31.	To Date (Month Fear)	LSt.	High School		nal/Technical/Trade
				College/Univers		Distance School
Provide the name of the school.				, J		
Provide the street address of the s	chool. F	or Online/Distance school,	provide the	e address where the	records are m	aintained.
Street Address (Include city, state	and zip	code)			Telephone N	0.
Did you reasing a degree /dir	lomo	Maria Nation				
Did you receive a degree/dip Choose one:		Yes No If yes Najor/Focus:	s, provide	type of degree(s)/o	From Date (Mo	ceived and date(s) awarded. onth/Year) Est.
Degree Attendance On		najuntucus.			FIOIII Date (IVIC	onul/real) Est.
Diploma Other (Explain)	,					
#3 - Provide dates of attendance.						
From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Select the most app		
				High School		nal/Technical/Trade Distance School
Provide the name of the school.				College/Univers	Sity Offille/L	Distance School
Provide the street address of the s			provide the	e address where the		
Street Address (Include city, state	and zip	code)			Telephone N	0.
Did you receive a degree/dip	loma?	Yes No If yes	s, provide	type of degree(s)/a	diploma(s) red	ceived and date(s) awarded.
Choose one:	N	Major/Focus:	<u>,                                    </u>	<u> </u>	From Date (Mo	
Degree Attendance On	y	-			Ì	
Diploma Other (Explain)						

Last Name	First Name	Questionnaire	iddle Name	ION	Jr., II, et	c. Last 4 - S	ocial Security	Number
<b>10.</b> Employment Activities - must be accounted for without bre before your 18 <sup>th</sup> birthday unless to	eaks. For peri	iods of unemployment, list	dates and "ui					
Entry #1 – Select your employment a	ctivity.				I			
Active Military		Other Fede	, ,	/ment		elf-employm		
Federal Contractor National Guard/Res	corvo	State Gove Non-gover		Joymont		nemployme ther	nt	
Employer Name	SCI VC	Non-goven	ппен етр	лоуппени	0	uici		
From Date (Month/Year)	Est. To	Date (Month/Year)	Est.	Select the	employment sta	tus:		
			T			ull-time	Part-time	
Provide your assigned duty station du	ring this period	d. (City and State)	Provide you	ır most recen	t position title.			
Street Address			City			State	Zip code	
Telephone Number			Alternate Te	elephone Nur	mber			
Provide the name of your su	pervisor.							
Supervisor Last Name	001110011	First Name			Position Title			
Home Telephone Number	-	Cell/Mobile Telephone N	umber	D.	Work/Alternati	ive	-	
	Day Night			Day Night			Da Nig	
For this employment, in the <b>last</b> 5 disciplined for misconduct in the wor administrative investigation bas	vorkplace, su	ch as a violation of policy o					Yes	No
If Yes, provide the reason(s) for be investigation.			disciplined or	r reviewed u	under inquiry o	r	Date: (Mo	nth/Year)
For this employment have any of the fired, left by mutual agreement							Yes	No
of unsatisfactory performance.  Select your type of incidents of the second sec	dent.		Reason:			Employme	<u>l</u> nt Departui	e Date:
Solodi your typo or more	JOIN.		rtouson.			(Month/Year)	ii Bopartai	Est.
Fired						,		
Quit after being told you would	be fired					(Month/Year)		Est.
Left by mutual agreement follow or allegations of misconduct.	wing charges					(Month/Year)		Est.
If no longer employed, provide the	specific reaso	on you left the employment	activity:					
Is the employment location	within an Ir	ndian Reservation, Vill	age, Comr	munity, Ra	ancheria or	Pueblo?	V	NIa
If yes, list (Include Community, State)	:						Yes	No

			Questionnaii	re Continuati	ion				
Last Name	First Name	е		Middle Name Jr., II,			Last 4 - Social Security Number		
Employment Activities - Cont	tinued.								
Entry #2 – Select your employment ac	ctivity.								
Active Military			Other Fed	deral Employ	/ment	Se	elf-employm	ent	
Federal Contractor			State Gov			lU	nemployme	nt	
National Guard/Reserve Non-government employment Other									
Employer Name				•					
From Date (Month/Year)	Est.	To Da	ate (Month/Year)	Est.	Select the	employment stat	tus:		
,			,						
Provide your assigned duty station du	ring this pori	ind (	City and State)	Drovido voi	ır most rocon	Full position title.	ull-time	Part-time	
Frovide your assigned duty station du	iling tills peri	iou. (	City and State)	Frovide you	ii iiiostrecen	n position title.			
Street Address				City			State	Zip code	
Telephone Number				Alternate Te	elephone Nur	mber			
Provide the name of your sup	norvisor								
Supervisor Last Name	Jei visoi.		First Name			Position Title			
cupernoon Lact Hanne			· iiot · taiiio			1 00111011 11110			
			O 11/M 1 11 T 1 1	NI I		)			
Home Telephone Number	Day		Cell/Mobile Telephone	Number	Day	Work/Alternati	ve	Da	V
	Night				Night			Nig	
For this employment, in the last 5								Yes	No
disciplined for misconduct in the w				or were you th	ne subject o	f an Internal Af	fairs inquiry		
or administrative investigation bas				م مانمانما م	r roudourod i	ındar İngilini a	-	Date: (Mo	ath/Voor)
If Yes, provide the reason(s) for be investigation.	ang warner	u, rep	orimanueu, suspenued	a, discipiined o	r reviewea t	ander inquiry or		Date. (IVIO	ilii/ i eai)
investigation.									
For this employment have any of t	he followin	g hap	opened to you in the la	ast 5 years?	Fired, quit	after being told	l you would	Yes	No
be fired, left by mutual agreement	including c	harg	es or allegations of mi	sconduct, left b	oy mutual a	greement follov	ving notice		
of unsatisfactory performance.				D.			F 1		D 1
Select your type of incid	ient:			Reason:			Employmer	nt Departur	
Fired							(Month/Year)		Est.
Fired									
									F-4
Quit after being told you would	ho fired						(Month/Year)		Est.
Quit after being told you would	De III eu								
(Manth Voc) Ect									Ect
Left by mutual agreement following charges									Est.
or allegations of misconduct.									
If no longer employed, provide the	specific rea	son y	you left the employmer	nt activity:					
0 . 3 .	•	•	, , ,	•					
Is the employment location v	within on	Indi	an Recordation V	illago Com	nunity B	ancharia ar [	Dueblas		
is the employment location (	willill all	mul	air Neservalion, V	maye, com	numity, iX	andicia di I	aeno :	Yes	No
If yes, list (Include Community, State):									
ii yes, iist (iiicidde Colliilidiiity, State):									

			Questionnaire	Continuati	on				
Last Name	First Nan	ne	M	iddle Name		Jr., II, etc	c. Last 4 - So	ocial Security	Number
Employment Activities - Cont	inued.								
Entry #3 – Select your employment ac	tivity.					1			
Active Military				eral Employ	ment		elf-employm		
Federal Contractor			State Gove	ernment			nemployme	nt	
National Guard/Res	erve		Non-gover	nment emp	loyment	0	ther		
Employer Name									
From Date (Month/Year)	Est.	To Da	ate (Month/Year)	Est.	Select the	employment sta	tus:		
						Г	ull time	Dart time	
Provide your assigned duty station dur	 rina this pe	riod. (	(City and State)	Provide you	r most recer	nt position title.	ull-time	Part-time	
	9 po		iong and olding			n pooluon uuo			
CI LAIL				011				ı	
Street Address				City			State	Zip code	
Telephone Number				Alternate Te	elephone Nu	mber			
Provide the name of your sup	pervisor								
Supervisor Last Name	701 110011		First Name			Position Title			
•									
Home Telephone Number			Cell/Mobile Telephone N	umbor		Work/Alternati	VO		
Tiome relephone Number	Day		Cell/Wobile Telephone N	umbci	Day	WORKARCITICAL	VC	Da	ıy
	Night				Night			Nig	
For this employment, in the last 5								Yes	No
disciplined for misconduct in the w				or were you th	e subject o	it an Internal At	tairs inquiry		
or administrative investigation base If Yes, provide the reason(s) for be				disciplined or	reviewed i	ınder inquiry o	r	Date: (Mo	nth/Year)
investigation.	ing warm	cu, rc	ринанаса, зазренаса,	discipilited of	TOVICVICU	under inquiry of		Bato. (Mo	inin i odi j
For this employment have any of the								Yes	No
be fired, left by mutual agreement	including	charg	es or allegations of miso	conduct, left b	y mutual a	greement follov	wing notice		
of unsatisfactory performance.  Select your type of incid	lont:			Reason:			Employmer	t Donartui	n Dato:
Select your type or inclu	CIII.			Neasun.			, ,	ii Departui	
Fired							(Month/Year)		Est.
Tiled									
							(Manth/Vaar)		Ect
Quit after being told you w	vould be						(Month/Year)		Est.
fired									
l off have marked a support			(Month/Year)		Est.				
Left by mutual agreement charges or allegations of	Tollowing	9					(Month/Year)		LSI.
misconduct.									
If no longer employed, provide the s	specific re	ason	you left the employment	activity:					
0 . , ,	•		, , ,	j					
Is the employment location v	within ar	n Indi	ian Peservation Vil	lage Comp	nunity P	ancheria er l	Dueble?		
is the employment location v	viuiiii ai	i iiiul	an ixeservation, VII	iage, Coilli	numity, R		นธมเบ (	Yes	No
If you list (Include Community Ct-t-)									.,,5
If yes, list (Include Community, State):									

			Questionnaire	Continuati	on				
Last Name	First Nam	е	N	liddle Name		Jr., II, etc	c. Last 4 - S	ocial Security	Number
	., ,								
Employment Activities - Con	inued.								
Entry #4 – Select your employment ac	ctivity.					T			
Active Military				eral Employ	ment		elf-employm		
Federal Contractor			State Gove				nemployme	nt	
National Guard/Res	erve		Non-gover	nment emp	loyment	0	<u>ther</u>		
Employer Name									
From Date (Month/Year)	Est.	To Da	ate (Month/Year)	Est.	Select the	employment sta	tus:		
						Fi	ull-time	Part-time	
Provide your assigned duty station du	ring this per	iod. (	(City and State)	Provide you	ır most recen	t position title.	un unio	r art amo	
Street Address				City			State	Zip code	
ou out riddi ooo				J. G.			Otato	Zip oodo	
Talanhana Numbar				Altornata Ta	alambama Ni.u				
Telephone Number				Alternate 16	elephone Nur	mber			
Provide the name of your sup	pervisor.					I			
Supervisor Last Name			First Name			Position Title			
Home Telephone Number			Cell/Mobile Telephone N	lumber	_	Work/Alternati	ve	_	
	Day Night				Day Night			Da Nig	,
For this employment, in the last 5		d vou	receive a written warni	na. been offic		anded, suspen	ded or	Yes	No
disciplined for misconduct in the w								103	110
or administrative investigation bas									
If Yes, provide the reason(s) for be	eing warne	d, re	primanded, suspended,	disciplined or	r reviewed ι	under inquiry o	r	Date: (Mo	nth/Year)
investigation.									
For this employment have any of t	he followin	ıg ha	ppened to you in the las	st 5 years?	Fired, quit	after being told	d you would	Yes	No
be fired, left by mutual agreement		•		•	•	•	•		
of unsatisfactory performance.				_					
Select your type of incid	ient:			Reason:			Employme	nt Departui	
Pine d							(Month/Year)		Est.
Fired									
									Г-4
Quit after being told you v	vould be						(Month/Year)		Est.
fired									
Loft by mutual agraement	following						(Month/Year)		Est.
Left by mutual agreement following (Month/Year) Est. charges or allegations of									LSI.
misconduct.									
If no longer employed, provide the	specific rea	son	you left the employment	activity:					
Is the employment location	within an	Indi	ian Reservation. Vil	lage, Comr	nunity. Ra	ancheria or I	Pueblo?		
							2.2.3.0	Yes	No
If yes, list (Include Community, State)									
you, (siado outilinainty, otato)									

			Questionnaire	Continuati	on				
Last Name	First Nan	ne	M	Middle Name Jr., II, e			c. Last 4 - Social Security Number		
Employment Activities - Cont	tinued.								
Entry #5 – Select your employment ac	ctivity.								
Active Military				eral Employ	ment	Se	elf-employm	ent	
Federal Contractor			State Gove	ernment			nemployme	nt	
National Guard/Reserve Non-government employment Other									
Employer Name									
From Date (Month/Year)	Est.	To Da	ate (Month/Year)	Est.	Select the	employment stat	ius:		
						E	ıll timo	Dart time	
Provide your assigned duty station du	rina this pe	riod. (	City and State)	Provide vou	r most recen	nt position title.	ull-time	Part-time	
The state of the s	9 p -	(	,,,						
Street Address				City			Ctoto	7in aada	
Street Address				City			State	Zip code	
Telephone Number				Alternate Te	lephone Nur	mber			
Provide the name of your sup	pervisor.	,							
Supervisor Last Name			First Name			Position Title			
Home Telephone Number			Cell/Mobile Telephone N	umber		Work/Alternativ	/e		
•	Day		· 		Day			Da	
For this ampleument in the last E	Night	d vou	rosoivo a writton worni	na hoon offici	Night	andad cucnon	dad ar	Nig	
For this employment, in the <b>last 5</b> disciplined for misconduct in the w								Yes	No
or administrative investigation bas				n were you in	c subject o	i ali ilitorilai Ai	ian s mquiry		
If Yes, provide the reason(s) for be				disciplined or	reviewed u	under inquiry or	•	Date: (Mo	nth/Year)
investigation.									
For this applications and house any of t	ha fallaud	na har	nnanad ta vav in tha <b>la</b> e	ot E vooro?	Fired audt	ofter being tale	Luguruguld	Vac	Na
For this employment have any of t be fired, left by mutual agreement								Yes	No
of unsatisfactory performance.	including	oridig	co or anogations or mist	oonaaot, ioit b	y mataar a	greenient rollev	ving notice		
Select your type of incid	lent:			Reason:			Employmer	nt Departur	e Date:
							(Month/Year)		Est.
Fired									
Quit ofter being told you w	would bo						(Month/Year)		Est.
Quit after being told you w fired	/ould be								
Left by mutual agreement	following	3					(Month/Year)		Est.
charges or allegations of misconduct.									
	oncoific ro	20001	vou loft the employment	o o tivitu					
If no longer employed, provide the	specific re	asum y	you left the employment	activity:					
Is the employment location v	within ar	ı Indi	an Reservation, Vil	lage, Comn	nunity, Ra	ancheria or F	Pueblo?	Vaa	NI.
								Yes	No
If yes, list (Include Community, State):									

			Questionna	ire Continuation			
Last Name	First Na	me		Middle Name	Jr., II, etc	c. Last 4 - Soci	al Security Number
11. Personal References –	Provide <b>fi</b>	ve (5) ne	onle who know v	ou well and live in the U.S.	They should he	e annd friends in	eers colleagues
roommates, associates, etc., and							
covers at least the <b>last 5 years</b> . L						ombined associa	allori willi yoʻd
	io not pre	riuc ung	one nered electric		11,100,		
Entry #1 Last Name			First Name			Middle Name	
Last Name			T il St Name			Wildale Wallie	
	ates knowr			Provide relationship to you (	Check all that ap	pply)	
From Date (Month/Year) Est.	To Date	(Month/Y	ear) Est.	Neighbor	Wo	rk Associate	Friend
				Schoolmate	Oth	er	
	1	Prov	ide the following cor	I tact information for this person	1		
Home Telephone Number			oile Telephone Num		Work/Alternati	ve.	
1.6e 1.6.6pee 1.4e.	Day	0011/11/01	ono 1 010 p. 10110 1 <b>1 u</b> . 11	Day	Trongration at		Day
	Night			Night			Night
Provide e-mail address for this person	۱.						
D :	/' I I'			20 1 2 1 2 1			I don't know
Provide street address for this person	(including	apartmen	it number). Include	city, state, and zip code.			
Entry #2							
Last Name			First Name			Middle Name	
Lust Name			T il St Mainio			Wildaio Waliio	
	ates knowr			Provide relationship to you (			
From Date (Month/Year) Est.	To Date	(Month/Y	ear) Est.	Neighbor	Wo	rk Associate	Friend
				Schoolmate	Oth	er	
		Prov	ide the following cor	I ntact information for this person	1		
Home Telephone Number			oile Telephone Num		Work/Alternati	ve	
1.6e 1.6.6pee 1.4e.	Day	0011/11/01	ono 1 010p110110 11 <b>u</b> 111	Day	Trongration at		Day
	Night			Night			Night
Provide e-mail address for this person	٦.						
Donalds stored address for this groups	/! l!!			alter attack and also and			I don't know
Provide street address for this person	(including	apartmen	it number). Include	city, state, and zip code.			
Entry #3							
Last Name			First Name			Middle Name	
	ates knowr			Provide relationship to you (			
From Date (Month/Year) Est.	To Date	(Month/Y	ear) Est.	Neighbor	Wo	rk Associate	Friend
				Schoolmate	Oth	er	
	1	Drov	ide the following cor	I ntact information for this person	<u> </u>		
Home Telephone Number			oile Telephone Num		Work/Alternati	ve	
Tierre l'eleptione l'uniber	Day	COMMINION	one rerepriene ram	Day	VVOITO TICCITICA	••	Day
	Night			Night			Night
Provide e-mail address for this person	٦.						
	/						I don't know
Provide street address for this person	(including	apartmen	it number). Include	city, state, and zip code.			

		Questionna	aire Continuation		
Last Name	First Na	me	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
Personal References - Contin	ued.				
Entry #4					
Last Name		First Name		N	Middle Name
Provide da			Provide relationship to you (Ch		
From Date (Month/Year) Est.	To Date	(Month/Year) Est.	Neighbor	Work	Associate Friend
			Schoolmate	Other	
		Provide the following cor	ntact information for this person.		
Home Telephone Number		Cell/Mobile Telephone Num	ber	Work/Alternative	
	Day		Day		Day
Donalds a mail address for this manage	Night		Night		Night
Provide e-mail address for this persor	l.				I don't know
Provide street address for this person	(including	anartment number) Include	city state and zin code		1 don't know
Trovido stroot addross for this porson	(moraumg	aparament namber). melade	only, state, and zip oode.		
Entry #5					
Last Name		First Name		N	Middle Name
Provide da	ites knowr	1.	Provide relationship to you (Ch	neck all that apply	<i>y</i> )
From Date (Month/Year) Est.	To Date	(Month/Year) Est.	Neighbor	Work	Associate Friend
			Schoolmate	Other	
		Drovido the following on			
Home Telephone Number		Cell/Mobile Telephone Num	ntact information for this person.	Work/Alternative	
Home relephone Number	Day	Cell/Mobile Telephone Muni	Day	WORKARCITICATIVE	Day
	Night		Night		Night
Provide e-mail address for this persor			<u> </u>		<u> </u>
					I don't know
Provide street address for this person	(including	apartment number). Include	city, state, and zip code.		

Questionnaire Continuation										
Last Name	e First Name Middle Name Jr., II, etc. Last 4 - Sc			ocial Security Number						
Dolico Do	cord For thi	s section, report informati	tion regardless of wh	other you h	aliava the record in	vour caca ha	s hoon soalo	d ovnur	agod 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.										
<b>12.</b> In the <b>last 5 years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law										
enforcement official including tribal law enforcement officials?										
									NO	
<b>13.</b> In the <b>last 5 years</b> have you been charged with, convicted of, or sentenced for a crime in any court? YES (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S.									INO	
court, even if previously listed on this form).										
		,						YES	NO	
<b>14.</b> In the <b>last 5 years</b> have you been or are you currently on probation or parole?										
- Arav	au aurranthu	on trial or avvolting a tr	ial an ariminal ahar	2222				YES	NO	
<b>15.</b> Are y	ou currently	on trial or awaiting a tr	iai on criminai char	ges?						
If you have	n rasnandad	"Yes" to any of the abo	avo avostions in thi	is soction	ovnlain vour answ	or(s) holow	nrovidina a	ll rogues	etod	
information	•	Tes to arry or the abo	ve questions in thi	3 SECTION,	ехріант убиг атэмі	ci (3) DeiOW	providing at	rreques	neu	
Question #   Month/Year   Offense   Action Taken   Arresting Law Enforcement /Military Agency								State		
	Autoria Monta Carolis Autoria Carolis									
Dallas Da				'C C !!		D /	"	1 11	1 1	
		's section, each question as been sealed, expunge								
		deral Controlled Substan								
18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.										
YES YES								NO		
<b>16.</b> Have you <b>EVER</b> been arrested for or charged with a crime involving a child or offenses committed against										
children?										
<b>17.</b> Have you <b>EVER</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any									NO	
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?										
QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.										
		"Yes" to any of the abo	ove questions in thi	s section,	explain your answ	er(s) below	providing ai	ll reques	sted	
information.										
Question #	Question #         Month/Year         Offense         Action Taken         Arresting Law Enforcement /Military Agency							у	State	
								Ţ		

Questionnaire Continuation							
Last Name	First Name Middle Name Jr., II, etc. Last 4 -			Last 4 - S	- Social Security Number		
Illegal Use of Drugs and Drug We note, with reference to this see be used as evidence agains whether or not you are curren The following questions pertain to permissible under state laws.	ction, that st you in atly emplo	neither your truthfrul respo a subsequent crimin byed by the Mandan, Hida	al proceeding. As to this pa atsa & Arikara of the Three Affili	articular sec ated Tribes.	ction, th	is applies	
<b>18.</b> In the <b>last 5 years</b> , 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.							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?							
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							
Month/Year TO Month/Year Est Controlled Substance Used Number of Times Used/Involvement							
<b>20.</b> In the <b>last 5 years</b> , 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							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.

ocial 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, <u>and then</u> sign and date the following certification and the attached release(s).

# Certification 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. 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. Enter you Social Security Number before going to the next page Printed Name Date (mm/dd/yyyy)

# 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 Tirbes 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	