

**Information contained in this questionnaire is for Official Use Only.  
Investigative Questionnaire for a Child Contact Position**

Notice to the applicant: Section 231 of the Crime Control Act of 1990, Public Law 101-647 (Codified in 42 United States Code §13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (Codified in 25 United States Code §3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. This statement is notice that a criminal record check will be conducted as a condition of employment.

<b>1. Full Name</b>				<b>2. Date Of Birth</b>		
Last Name:	First Name:	Middle Name:	Jr,II, etc.:	Month00	Day00	Year0000
<b>3. Other Names Used-Maiden Name, from a former marriage, alias(s), or nickname(s).</b>				<b>4. Social Security Number</b>		
<b>5. Your Telephone Number</b>		<b>6. Alternate Telephone No.</b>		<b>7. Your Email Address</b>		
<b>8. Place of Birth-City, County, State</b>				<b>9. Gender</b>		
				_____ Male		_____ Female

10. Residence-List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list. Include the month and the year in the dates for each residence listed.

Month/Year	Street Address	City	State	Zip Code
1) To PRESENT				
2) To				
3) To				
4) To				
5) To				
6) To				

11. Residence/Employment in an Indian Community- List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian Community in which you have lived or worked in the last 5 years.

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12. Education-List the school you have attended, beginning with the most recent and working back 5 years. Use Item 25, if more space is needed.

Month/Year	Name of School	Major	Degree/Diploma/Other
1) To			
Month/Yr Awarded	Street Address and City of School	State	Zip Code
2) To			
Month/Yr Awarded	Street Address and City of School	State	Zip Code

**Questionnaire continuation**

Last Name:	First Name:	Middle Initial:	Jr. II, etc:	Social Security Number:
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**13. Employment-**List 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.” Include the month and the year in the dates for each employment activity listed.

Month/Year	Employer Name and Phone Number	Position Title
1) To: PRESENT		
Employer Street Address	City	State Zip Code
Supervisor's Name	Telephone Number	Other Employer Reference Telephone Number
Reason you left		
Month/Year	Employer Name and Phone Number	Position Title
1) To:		
Employer Street Address	City	State Zip Code
Supervisor's Name	Telephone Number	Other Employer Reference Telephone Number
Reason you left		
Month/Year	Employer Name and Phone Number	Position Title
1) To:		
Employer Street Address	City	State Zip Code
Supervisor's Name	Telephone Number	Other Employer Reference Telephone Number
Reason you left		
Month/Year	Employer Name and Phone Number	Position Title
1) To:		
Employer Street Address	City	State Zip Code
Supervisor's Name	Telephone Number	Other Employer Reference Telephone Number
Reason you left		

**Questionnaire continuation**

Last Name	First Name	Middle Initial	Jr, II, etc.	Social Security Number
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**14. Personal References-**List 5 people who know you well. They should be good friends, peers, roommates, etc. and who have known you for at least the last 5 years. Do not list relatives or anyone who is listed elsewhere on this application.

1) Name	Dates Known Month/Year TO Month/Year		-work -Cell -Home	Telephone number
Home or Work Address	City	State	Zip Code	
2) Name	Dates Known Month/Year TO Month/Year		-work -Cell -Home	Telephone number
Home or Work Address	City	State	Zip Code	
3) Name	Dates Known Month/Year TO Month/Year		-work -Cell -Home	Telephone number
Home or Work Address	City	State	Zip Code	
4) Name	Dates Known Month/Year TO Month/Year		-work -Cell -Home	Telephone number
Home or Work Address	City	State	Zip Code	
5) Name	Dates Known Month/Year TO Month/Year		-work -Cell -Home	Telephone number
Home or Work Address	City	State	Zip Code	

**Military History**

15. Have you served in the United States military? If "YES," please provide a copy of your DD214.			Yes	No
16. Have you ever received other than an honorable discharge from the military? If "Yes," provide the circumstances, date of discharge and type of discharge below.			Yes	No
Month/Year	Type of Discharge	Circumstances		

**Questionnaire continuation**

Last Name:	First Name:	Middle Initial:	Jr. II, etc:	Social Security Number:
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**Background Information-** For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the referenced citations:

17. In the last 5 years, have you been cited, arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00)

If "YES," Use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department of court involved \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Have you been convicted by a military court-martial in the past 5 Years?

If "YES," use item 22 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Are you now under charges for any violation of law?

If "YES," use item 22 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved. \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Have you ever been cited, arrested for or charged with a crime involving a child?

If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved. \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Have you been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?

If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved. \_\_\_\_\_ Yes \_\_\_\_\_ No

22. If you have answered "YES" for any of the above questions in this section, explain your answer(s) below and provide court documentation for the information submitted.

Mon/Year	Offense	Action Taken	Arresting Law Enforcement/Military Agency	State	Zip Code

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**Questionnaire continuation**

Last Name	First Name	Middle Initial	Jr, II, etc.	Social Security Number
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23. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?

\_\_\_\_\_  
YES      NO

If "YES," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

24. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.) or illegally used prescription drugs?

\_\_\_\_\_  
YES      NO

If "YES," use item 25 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.

25. Use this space to provide explanations to any of the above questions you have answered "YES" on this questionnaire or for which you need more space.

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**Questionnaire continuation**

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**Certification that My Answers are True.**

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that willful omission or a fraudulent answer to any question or item or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. \_\_\_\_\_

Applicant's/Consumer's Initials

Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the \_\_\_\_\_, and my rights to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's/Consumer's Signature

Printed Name

Date

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**Authorization for Release of Information**

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Crazy Horse School**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in 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 custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the **Crazy Horse School** only for purposes of determining my suitability for employment with **Crazy Horse School**.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Crazy Horse School and their officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs, and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Crazy Horse School** whichever is sooner.

Signature (Sign in <b>BLACK</b> ink)	Printed Name	Date Signed	
Position for which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number