

### INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE

1. Make sure every field is filled out, if a field does not apply, please put "N/A" in the field.
2. **RESIDENCE (#10)** - Make sure you write a MONTH and YEAR in the fields where requested. Do NOT just put a year. *NOTE: Make sure you go back 5 years.*
3. **EDUCATION (#12)** – Answer all the questions and write the MONTH and YEAR in the fields where requested.
4. **EMPLOYMENT (#13)** – Account for EVERY month and year going back five years. If you were "Unemployed" or "attending school", please write that in the area of Employer Name and put the month and year. *NOTE: Make sure you go back 5 years.*
5. **PERSONAL REFERENCES (#14)** – Make sure you fill out all the fields in its entirety and put the MONTH and YEAR for Dates Known (do not put "life time, forever, etc.").
6. Make sure you write your name and social security number on the top of each page AND initial the bottom right of every page.
7. Please print legibly so that all information is easily read.

**PURPOSE OF THIS QUESTIONNAIRE** – Since December 2019, the Bureau of Indian Education Security Branch in Albuquerque, NM, is now in charge of auditing ALL background investigation files of employees that occupy a Child Care position at a P.L. 101-296 Tribally Controlled Grant School. This questionnaire was created by the BIE Security Branch and serves as a foundation to your background investigation. The adjudicator will review your questionnaire to cross reference the information with the criminal investigation records and Sex Offender Registries returned. Your Human Resource staff will also use this questionnaire to contact your past employers and your personal references; and all remarks will be recorded and/or filed on your background investigation file.

Once your file has been adjudicated, that is when the BIE Security Branch will audit each and every document, page by page, in your background investigation file. That's why it is extremely important that all documents are filled out correctly and in their entirety. If the BIE Security Branch discovers missing information, incorrect dates, etc., the school will be charged with a "finding" on the audit for your incomplete background investigation file. The school MAY be assessed a monetary "disallowed cost" amount on the audit; which means the school will be responsible for paying that cost back to the United States Government. We appreciate your cooperation in completing this questionnaire correctly.



Tammy Lafferty, Certified Adjudicator  
Oglala Sioux Tribe  
Tribal Education Agency

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

**Notice to 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.	Month 00	Day 00	Year 0000
<b>3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).</b>				<b>4. Social Security Number</b>		
Name						
<b>5. Your Telephone No.</b>		<b>6. Alternate Telephone No.</b>		<b>7. Your Email Address</b>		
( )		( )				
<b>8. Place of Birth</b>					<b>9. Gender</b>	
City		County		State		<input type="radio"/> Male <input type="radio"/> Female
<b>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.</b>						
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To PRESENT					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
5)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
6)	To					
<b>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.</b>						
<b>12. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 25, if more space is needed.</b>						
Month/Year	Month/Year	Name of School	Major	Degree/Diploma/Other		
1)	To					
Month/Year	Awarded	Street Address and City of School	State	Zip Code		
Month/Year	Month/Year	Name of School	Major	Degree/Diploma/Other		
2)	To					
Month/Year	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	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	Month/Year	Employer Name and Phone Number	Position Title
2) To			
Employer Street Address		City	State      Zip Code
Supervisor's Name	Telephone number (      )	Other Employer Reference	Telephone Number (      )
Reason you left			

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

Month/Year	Month/Year	Employer Name and Phone Number	Position Title
4) 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	
<b>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 else on this application.</b>							
1) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="radio"/> Work (    ) <input type="radio"/> Cell (    ) <input type="radio"/> Home (    )			
Home or Work Address		City		State		Zip Code	
2) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="radio"/> Work (    ) <input type="radio"/> Cell (    ) <input type="radio"/> Home (    )			
Home or Work Address		City		State		Zip Code	
3) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="radio"/> Work (    ) <input type="radio"/> Cell (    ) <input type="radio"/> Home (    )			
Home or Work Address		City		State		Zip Code	
4) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="radio"/> Work (    ) <input type="radio"/> Cell (    ) <input type="radio"/> Home (    )			
Home or Work Address		City		State		Zip Code	
5) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="radio"/> Work (    ) <input type="radio"/> Cell (    ) <input type="radio"/> Home (    )			
Home or Work Address		City		State		Zip Code	

<b>Military History</b>				
15. Have you served in the United States military? If "YES," please provide a copy of your DD214.			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
16. Have you <u>ever</u> received other than an honorable discharge from the military? If "YES," provide the circumstances, date of discharge and type of discharge below.			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
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 above 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.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
18. Have you been convicted by a military court-martial in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
19. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
20. Have you <u>ever</u> been cited, arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		
21. Have you <u>ever</u> 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; crimes against persons; or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		

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.

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

**Questionnaire continuation**

Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number	
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?  If "YES," use item 25 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
24. In the last 5 years have you <u>illegally</u> 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 <u>illegally</u> used prescription drugs?  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.				YES <input type="checkbox"/>	NO <input type="checkbox"/>

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.

Questionnaire continuation				
Last Name	First Name	Middle Initial	Jr., II, etc	Social Security Number
<b>Certification that My Answers are True</b>				
<p>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 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.</p> <p style="text-align: center;"> <span style="margin-right: 100px;">Applicant's/Consumer's initials</span> <span>Date</span> </p> <p>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.</p>				
<p> <span style="margin-right: 150px;">Applicant's/Consumer's Signature</span> <span style="margin-right: 100px;">Printed Name</span> <span>Date</span> </p>				

### 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 \_\_\_\_\_, 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 \_\_\_\_\_ only for the purposes of determining my suitability for employment with \_\_\_\_\_.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the \_\_\_\_\_ 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 \_\_\_\_\_, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ( )