

MANDAN, HIDATSA & ARIKARA NATION OF THE THREE AFFILIATED TRIBES



Child Care Questionnaire

Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes
Revised 2015



INSTRUCTIONS FOR COMPLETING INVESTIGATIVE FORMS

- All identifying information (last name, first name, middle name, including any other names you have used, date and place of birth and social security number) must agree on all investigative forms submitted. Please note, your middle name is the name you were given at birth. Do not use your maiden name as your middle name.
- Carefully read each question and type or legibly print your answers in **black ink**, if your forms are not legible, they cannot be processed.
- All questions must be answered. **If you answer “Yes”** to any questions you must provide additional information in the space provided for you or attach a separate sheet. Your forms **cannot** be processed if you have not responded to each and every question.
- If you find that you cannot recall an exact date approximate or estimate the date to the best of your ability and indicate by printing **APPROX.** or **EST** in front of the date.
- If you need additional space to list your residences, employment, education or provide explanations, attach a blank piece of paper. Each blank piece of paper you use must contain your **full name** and **social security number** at the top of the page.
- You must **initial** and **date** all changes and/or corrections to the investigative forms including additions, deletions, and changes made with correction fluid.
- You must **sign** and **date** the original of each investigative form where indicated. Your signature certifies that you have provided true, complete and correct information. You can be found unsuitable for the position for which you are applying if you provide false information or statements on your investigative forms.

If you have any questions or need clarification on how to answer questions contained on the investigative forms you may contact the Three Affiliated Tribes –Human Resource Department, Background Investigations, (701) 627-8737 or (701) 627-4781.

Investigative Questionnaire for Designated Child Care Positions

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 national 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 national criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). Name				4. Social Security Number		
5. Your Telephone No.		6. Alternate Telephone No.		7. Your Driver's License		
()		()		No.:		State:
8. Place of Birth					9. Gender	
City		County		State		<input type="checkbox"/> Male <input type="checkbox"/> 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	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					
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.						
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.						
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	
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		Phone Number		Position Title	
1)	To PRESENT						
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ()		Other Employer Reference		Telephone Number ()	
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Month/Year	Month/Year	Employer Name		Phone Number		Position Title	
2)	To						
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ()		Other Employer Reference		Telephone Number ()	
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Month/Year	Month/Year	Employer Name		Phone Number		Position Title	
3)	To						
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ()		Other Employer Reference		Telephone Number ()	
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Questionnaire Continuation

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year	Month/Year	Employer Name		Phone Number		Position Title	
4) To							
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ()		Other Employer Reference		Telephone Number ()	
For this employment, in the last five (5) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							
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 questionnaire.							
1) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()			
Home or Work Address		City		State		Zip Code	
2) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()			
Home or Work Address		City		State		Zip Code	
3) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()			
Home or Work Address		City		State		Zip Code	
4) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()			
Home or Work Address		City		State		Zip Code	
5) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()			
Home or Work Address		City		State		Zip Code	

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
Military History					
15. Have you served in the United States military? If "YES," please provide a copy of your DD214.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year	Type of Discharge	Circumstances			
<p>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 questionnaire.</p> <p>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 national 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:</p>					
17. In the last 5 years, have you been 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 ever been 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 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; 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 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? 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

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.

Certification that My Answers are True		
<p>My statements on this questionnaire, 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 a false or fraudulent answer to any question or item on any part of this questionnaire 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>_____</p> <p>Applicant's/Consumer's initials</p>		<p>_____</p> <p>Date</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 national 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 Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
<p>_____</p>		
<p>Applicant's/Consumer's Signature</p>	<p>Printed Name</p>	<p>Date</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 national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, 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 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 Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

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 Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, 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 ()

Application continuation

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

Release to Obtain a Credit Report
Fair Credit Reporting Act of 1970, as amended

One or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, *et seq.* Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribe's decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date