

Public Trust 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 Public Trust Positions

1. Full Name								2. Date of	Birth		
Last Name	First Name		M	liddle Name		Jr., II, e	etc.	Month 00	Day 0)	Year 0000
3. Other Names Used –	Maiden name fro	m a	4 D	river's Li	cense			5 Social S	Security Nu	ımhe	or
former marriage, alias(s),		III 4	٦. ٦	TIVEL 3 EI	CCIISC			o. Oociui (occurry in		, 1
Name	<u> </u>		No.:	;	State:						
6. Contact Information-	Your	Alternate	Telep	hone No.			Your	Email Add	dress		
Telephone No.			•								
()		()									
7. Place of Birth			<u> </u>							1 0.	
City			County	'						Sta	te
8. Residence – List when	e vou have lived k	eginning w	ith the	most race	ant and s	working l	hack f	ive (5) vea	re All nario	de in	the last
five (5) years must be acc			1011 016	111031160	ent and v	WOIKING	Dack I	ive (5) yea	is. All perio	us II	ו נווט ומטנ
Month/Year Month/Year	Street Address	1101.			City				State	Zip	code
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1) To Present	0				011				- · ·	<u> </u>	
Month/Year Month/Year	Street Address				City				State	Zıp	code
2) To											
Month/Year Month/Year	Street Address				City				State	Zip	code
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3) To Month/Year Month/Year	Street Address				City				State	Zip	code
4) To	D ":	111	<u> </u>	\ ''	\ /'!!	Б 11			1/ 1 1		'1 '
9. Residence on an Indi				deservation	n, Village	e, Pueblo	o, Ran	icheria, and	d/or Indian o	comn	nunity in
which you have <u>lived</u> or <u>w</u>	orked in the last	live (5) year	S.								
									. (=)		
10. Education – List the		attended b	eginni	ing with th	e most r	ecent an	nd wor	king back t	live (5) year	s. U	se item
23, if more space is needed 1) Month/Year Month/Year	Name of School					Major		Dograc	e/Diploma/Othe	r I	Month/Year
1) World Fear World Fear	Name of School					iviajui		Degree	:/Dipioina/Othe		Awarded
To Street Address and City of Scho	val				Talanhan	. No			State	 7in	Code
Street Address and City of Scho	JOI				Telephone	e INO.			State	Zip	Code
2) Month/Year Month/Year	Name of School					Major		Degree	e/Diploma/Othe		Month/Year Awarded
										'	Awarded
То											
Street Address and City of Scho	ool				Telephone	e No.			State	Zip	Code
3) Month/Year Month/Year	Name of School			1		Major		Degree/D	iploma/Other	1	Month/Year
										I	Awarded
То											
Street Address and City of Scho	ool				Telephone	e No.			State	Zip	Code
•					•						

Questionnaire Continuation									
Last Name	First Name		Middle Initial	Jr., II, etc.	Social Sec	Social Security Number			
11. Employment - List your employment	ent activities beginnin	a with the pre	esent and wor	king back f	ive (5) vear	rs. The	five (5) year		
period must be accounted for without l									
Include the month and the year in the					, ,		Ü		
Month/Year Month/Year Employer Name	9	Phone Numb	er		Position Title	е			
1) To									
Employer Street Address		I	City		St	tate	Zip Code		
Supervisor's Name	Telephone number	Other Emp	oyer Reference			Telepho	ne Number		
			,			, ,			
For this ample week in the last five (F) we are h	()		efficially requires		adad ay diasirl	()	ania a a malu at in the a		
For this employment, in the last five (5) years h workplace, such as a violation of policy?	ave you received a writte Yes No	n warning, been	officially reprima	naea, susper	idea or aiscip	iinea tor i	misconduct in the		
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 Numbe	r		Position Title	e			
2) To Employer Street Address			City		St	tate	Zip Code		
Employer offeet Address			Oity			iaic	Zip Code		
Supervisor's Name	Telephone number	Othor	Employer Defer		Т.	elephone	Number		
Supervisor's Name	relephone number	Other	Employer Refere	ence	16	elepriorie	Number		
	()				()			
For this employment, in the last five (5) years h		n warning, been	officially reprima	nded, susper	nded or discip	lined for I	misconduct in the		
workplace, such as a violation of policy?	res 🚨 No								
If Yes, provide the reason(s) for being warned,	reprimanded, suspended	or disciplined.				D	Date: (Month/Year)		
Reason You Left									
Reason fou Leit									
		I 51		T	D T				
Month/Year Month/Year Employer Name		Phone Numbe	r		Position Title	е			
3) To									
Employer Street Address			City		St	tate	Zip Code		
Supervisor's Name	Telephone number	Other	Employer Refere	ence	Te	elephone	Number		
	/				,	١			
For this employment, in the last five (5) years h	() ave you received a writte	n warning heen	officially reprima	nded susner	nded or discip	lined for i	misconduct in the		
workplace, such as a violation of policy?		ii waiiiiig, booii	omolally replina	naca, saspei	idea or discip	iiiica ioi i	misconduct in the		
If Yes, provide the reason(s) for being warned,	renrimanded suspended	or disciplined					Date: (Month/Year)		
in res, provide the reason(s) for being walfied,		oi uisoipiilieu.				'	oate. (WOHUI/TEAT)		
Reason You Left						•			

		Questionnaire Con	unuation					
Last Name		First Name	Middle Initial	Jr., II, etc.	Soc	cial Security N	lumber	
	nal References – List five (5) on you for at least the last five (
	in you for at least the last live t	of years. Thy flot to list relative						tion.
1) Name			Dates Kr			ephone Numb	per	
			Month/Year	Month/Year		Work ()	
			To)		Cell ()	
						Home ()	
Home or Wo	rk Address		City			State	Zip Co	nde
2) Name			Dates Kr	nown	Tele	ephone Numb	per	
			Month/Year	Month/Year		Work ()	
			To			Cell (<i>)</i> \	
			10)		•)	
					ш	Home ()	
Home or Wo	rk Address		City			State	Zip Co	de
3) Name			Dates Kr	nown	Tele	ephone Numb	per	
0)			Month/Year	Month/Year		Work (١	
			To				<i>)</i>	
			10)		Cell ()	
						Home ()	
Home or Wo	rk Address		City			State	Zip Co	ode
4) Name			Dates Kr	nown	امT	ephone Numb	ner .	
4) Ivallie				Month/Year) 	
			Month/Year			Work ()	
			То)		Cell ()	
			011			Home ()	
Home or Wo	rk Address		City			State	Zip Co	de
5) Name			Dates Kr	nown	Tele	 ephone Numb	per	
,			Month/Year	Month/Year		Work ()	
			To			Cell (í	
			10	•		,)	
						Home ()	
Police Red	nard							
							T	
13. In the	last five (5) years, have you be	een arrested for, charged with,	or convicted of,	been impris	onec	l, been on	YES	NO
	or been on parole for any offer					•		I
probation,	or been on parole for any offer	ise(s): (Leave out traine lines	oi 1633 tilali \$130	7.00.)				
14 Have	you been convicted by a militar	v court-martial in the past five	(5) years?				YES	NO
11. 11avo	you boom convious by a minut	y doubt martial in the past invo	(o) youro:				1120	110
15	u nou undor obarras for accoun	islation of law?					VEC	NIO
io. Are yo	ou now under charges for any v	iolation of idw?					YES	NO
If you have	answered "Yes" for any of the	above guestions in this section	n evnlain vour a	neworle) in	the	nace provi	ded or	on a
						pace provi	u c u Ui (<i>א</i> ו מ
separate s	heet. Ensure full name and so	cial security number is on any	attacnments to th	nis applicati	on.			
Month/Year	Offense	Action Taken	Arresting Law Enfo	orcement /Milit	ary A	gency	State	Zip Code
					,			,
								1
								
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		·	·					

Questionnaire Continuation										
Last Name			First Name		Middle Initial	Jr., II, etc.	Social Security N	Number		
Public Rec	ord Civil Cour	t Actions	<u>.</u>			<u> </u>	<u>L</u>			
			peen a party to	any public record	civil court action	ns not listed	elsewhere on	YES	NO	
this form?	() ,	•	. ,	, .						
								ш		
If you answ	ered "Yes" for a	any of the ab	ove questions in	n this section, prov	de the informa	tion request	ed below.		•	
Incurred	Nature of A	ction Re	sult of Action	Name of Parties	Involved	<u> </u>	Court			
Month/Year	•									
Financial F									ı	
				over which you ex	ercised some c	ontrol, filed	under any	YES	NO	
chapter of t	the bankruptcy	code or been	declared bank	rupt'?						
40 1 11 1								\ <u></u>	\ <u></u>	
	ast five (5) year	s, have you	nad your wages	garnished or had	any property re	possessed	for any	YES	NO	
reason?										
10 In the I	act five (F) year	e have ver	and a line place	d against your pro	aarty far failing	to nov toyo	o or other		NO	
19. In the last five (5) years, have you had a lien placed against your property for failing to pay taxes or other debts?						YES	NO			
debis?										
20 In the I	ast five (5) year	s have you	nad any judome	ents against you th	at have not hee	n naid?		YES	NO	
20. 111 (110 1	20. In the last five (5) years, have you had any judgments against you that have not been paid? YES NO									
								Ш		
If you answ	vered "Yes", for	any of the ab	ove guestions	in this section, prov	ride the informa	ation reques	ted below.		I.	
Month/Year	Type of Action	Amount	Name A			· · · · · · · · · · · · · · · · · · ·	itor or Obligee and	/or		
	71		Occurred				ency Handling Cas			
Financial I	Delinquencies		L	L						
21. In the I	ast five (5) year	s, have you	peen over 180 o	days delinquent on	any loan or fin	ancial obliga	ation?	YES	NO	
	. , .	•		•	·	•				
22. Have y	ou ever been u	nder investig	ation for embez	zzlement?				YES	NO	
22. Have y	ou ever been u	nder investig	ation for embez	zzlement?				YES	NO	
22. Have y	ou ever been u	nder investig	ation for embez	zzlement?				YES	NO	
				zzlement? n this section, prov	de the appropr	iate informa	tion below.	YES	NO	
If you answ	vered "Yes" for a	any of the ab				Name/Address	of Creditor or Obli	gee and/or	NO 🗖	
If you answ	vered "Yes" for a	any of the ab	ove questions in	n this section, prov		Name/Address		gee and/or	NO D	
If you answ	vered "Yes" for a	any of the ab	ove questions in	n this section, prov		Name/Address	of Creditor or Obli	gee and/or	NO 🗖	
If you answ	vered "Yes" for a	any of the ab	ove questions in	n this section, prov		Name/Address	of Creditor or Obli	gee and/or	NO D	
If you answ	vered "Yes" for a	any of the ab	ove questions in	n this section, prov		Name/Address	of Creditor or Obli	gee and/or	NO D	

Questionnaire Continuation									
Last Name		First Name	Middle Initial	Jr., II, etc.	Social Security Number				
		provide additional explanation							
answered,	"Yes" on this form. Ensure full	I name and social security numb	er is on any att	achments to	this form.				
10.2	20 6 0 02 0				e 1				
		onnaire, that neither your trutl							
responses	to this questionhaire will be	used as evidence against you	ı in a subsequ	ent crimina	n proceeding.				
		Certification that My Ansv	vers are True						
My staten	nents on this questionnaire	, and any attachments to it,		nplete, and	d correct to the best of my				
		in good faith. I understand							
		e or its attachments may be	grounds for n	ot hiring m	e, or firing me after I begin				
work, and	may be punishable by fine of		م امنانمام	Date					
		Applicant	s miliais	Date					
I certify th	at my responses to the abo	ove questions are made und	er penalty of r	periury, wh	ich is punishable by fine or				
		ed notice that a national crimi							
		nd my right to obtain a copy o							
	to the Three Affiliated Tribes/MHA Nation and my rights to challenge the accuracy and completeness of any information								
contained	in the report.								
	Applicant's Signature	Printed Name			Date				
		. miles Hamo							

Questionnaire Continuation									
st Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number					
	Release to Obta	in a Credit Repor Act of 1970, as am							
Fair Credit Report adverse action a report, the consultation Tribe/MHA Nation Information proviorder to obtain in employment, (2) access. The information fulfillment Your Social Section have the same national information of the same in the same i	rize the Three Affiliated T ., to obtain such report(s) f	C. § 1681, et sequither in whole or invided the report place action. The furnished to the an investigation to ctual services, and sclosed to other age extent that such experiences accurately.	consume determination disclosure te, because	r reporting agency in security clearance or the above purposes is permitted by law. Personnel Security					

Printed Name

Date

Applicant's Signature

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, motor vehicle records, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Three Affiliated Tribes/MHA Nation** 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 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 **Three Affiliated Tribes/MHA Nation** and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the **Three Affiliated Tribes/MHA Nation**.

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 **Three Affiliated Tribes/MHA Nation**, whichever is sooner.

Signature (sign in black ink)	Printed Name				Date Signed
Desition For Which Voy Are Deing Investigated				Drive and Contract Nov	
Position For Which You Are Being Investigated				Primary Contact Nur	noer
		1 0	I =		
Current Address		State	Zip Code	Secondary Contact I	Number
				()	