



Application for Employment

Application for Law Enforcement

Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes

Revised 2015

Information contained in this questionnaire is for Official Use Only.

Rev 2015

Investigative Questionnaire for Designated Law Enforcement Positions

Notice to Applicant: 25 CFR 12, 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 law enforcement positions have a national criminal history record check and financial record check 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). | | | 4. Driver's License | | 5. Social Security Number | |
| Name | | | No.: State: | | | |
| 6. Your Telephone No. | | | 7. Place of Birth | | | |
| Home () | | Cell () | | City | County | State |
| 8. Other Identifying Information | | | | | | |
| Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/> | | |
| 9. Citizenship | | | | | | |
| <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession <input type="checkbox"/> I am a U.S. citizen, and I have dual citizenship with another country. If you have checked this box, provide the name of that country in the space provided below. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. If you have checked this box, provide information about your proof of citizenship in the space provided below. <input type="checkbox"/> I am not a U.S. citizen. If you have checked this box, provide when you entered the U.S., your Alien Registration Number, and Country of Citizenship. | | | | | | |
| Use this space to provide citizenship information. | | | | | | |
| 10. Residence – List where you have lived beginning with the most recent and working back 10 years. All periods in the last 10 years must be accounted for in your list. | | | | | | |
| 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 | | | | | |
| 11. Residence/Employment on an Indian Reservation – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have <u>lived</u> or <u>worked</u> in the last 10 years. | | | | | | |
| | | | | | | |

Questionnaire Continuation

| | | | | | | |
|-----------|------------|-------------|---------------|----------|--------|-----------|
| Last Name | First Name | Middle Name | Jr., II, etc. | Month 00 | Day 00 | Year 0000 |
|-----------|------------|-------------|---------------|----------|--------|-----------|

12. Education – List the schools you have attended beyond high school beginning with the most recent and working back 10 years. You MUST list College or University degrees and the dates they were received.

| | | | | |
|------------|------------|----------------|--|--|
| Month/Year | Month/Year | Name of School | Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain) | If degree received, Month/Year Awarded |
| 1) | To | | | |

| | | |
|-----------------------------------|-------|----------|
| Street Address and City of School | State | Zip Code |
|-----------------------------------|-------|----------|

| | | | | |
|------------|------------|----------------|--|--|
| Month/Year | Month/Year | Name of School | Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other | If degree received, Month/Year Awarded |
| 2) | To | | | |

| | | |
|-----------------------------------|-------|----------|
| Street Address and City of School | State | Zip Code |
|-----------------------------------|-------|----------|

13. Employment History - List your employment activities beginning with the present and working back 10 years. The 10 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 | | | |

| | | | |
|-------------------------|------|-------|----------|
| Employer Street Address | City | State | Zip Code |
|-------------------------|------|-------|----------|

| | | | |
|-------------------|-------------------------|--------------------------|-------------------------|
| Supervisor's Name | Telephone number () | Other Employer Reference | Telephone Number () |
|-------------------|-------------------------|--------------------------|-------------------------|

For this employment, in the last ten (10) 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? Yes No

If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year)

If no longer employed, specific 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 ten (10) 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? Yes 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 |
| 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 ten (10) 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 |
| 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 ten (10) 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 |
| 5) To | | | | | | |
| Employer Street Address | | | | City | State | Zip Code |
| Supervisor's Name | | Telephone number () | Other Employer Reference | | Telephone Number () | |
| For this employment, in the last ten (10) 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 |
|-----------|------------|----------------|---------------|------------------------|

Employment Record

| | | |
|--|---------------------------------|--------------------------------|
| 14. In the last 10 years, have you been: Fired from any job for any reason? Did you quit after being told that you would be fired? Did you leave any job by mutual agreement because of allegations of misconduct? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If you answered "Yes", begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested below.

| | | | |
|------------|------------|----------------|-----------------------------|
| Month/Year | Month/Year | Specify Reason | Employer's Name and Address |
| 1) | To | | |
| Month/Year | Month/Year | Specify Reason | Employer's Name and Address |
| 2) | To | | |

15. 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 10 years. Do **not** list relatives or anyone who is listed elsewhere on this form.

| | | |
|----------------------|---|--|
| 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 |
|-----------|------------|----------------|---------------|------------------------|

16. Citizenship of Your Relatives and Associates

A If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by **OTHER** than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (i.e., spouse, mother, etc.), and the individual's name and date of birth below.

| | | |
|----------------|------|---------------|
| 1) Association | Name | Date of Birth |
| 2) Association | Name | Date of Birth |

B Provide the individual's naturalization certificate information or alien registration number below.

| |
|----------------------------------|
| 1) Certificate/Registration No.: |
| 2) Certificate/Registration No.: |

Military History

| | | |
|---|---------------------------------|--------------------------------|
| 17. Have you served in the United States military? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18. Have you ever received other than an honorable discharge from the military? If "Yes", provide the date of discharge and type of discharge below. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | |
|------------|-------------------|
| Month/Year | Type of Discharge |
|------------|-------------------|

19. List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.

- Available Codes: 1 – Air Force 2- Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard
- Mark appropriate block for either **Officer** or **Enlisted**.
- Status-Mark the appropriate block for the status of your service during the time that you served.

| Month/Year | Month/Year | Code | Officer | Enlisted | Status | | | | Country |
|------------|------------|------|---------|----------|--------|----------------|------------------|------------------------|---------|
| | | | | | Active | Active Reserve | Inactive Reserve | National Guard (state) | |
| 1) _____ | To _____ | | | | | | | | |

Selective Service Record

| | | |
|---|---------------------------------|--------------------------------|
| 20. Are you a male born after December 31, 1959? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered "Yes" to the question above, have you registered with the Selective Service System? If "Yes", provide your registration number. If "No", provide the reason for your legal exemption. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | |
|---------------------|-----------------------------|
| Registration Number | Legal Exemption Explanation |
|---------------------|-----------------------------|

Questionnaire Continuation

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

Medical Record

| | | |
|---|---------------------------------|--------------------------------|
| 21. In the last 10 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, **UNLESS** the consultations(s) involved **ONLY** marital, family, or grief counseling, not related to violence by you. You will also be requested to sign an Authorization for Release of Medical Information.

| | | | | |
|------------|------------|-------------------------------------|-------|----------|
| Month/Year | Month/Year | Name/Address of Therapist or Doctor | State | Zip code |
| 1) | To | | | |
| Month/Year | Month/Year | Name/Address of Therapist or Doctor | State | Zip Code |
| 2) | To | | | |

Your Foreign Activities

| | | |
|---|---------------------------------|--------------------------------|
| 22. Do you have any foreign property, business connections, or financial interests? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

| | | |
|--|---------------------------------|--------------------------------|
| 23. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

| | | |
|---|---------------------------------|--------------------------------|
| 24. Have you ever had a contract with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

| | | |
|--|---------------------------------|--------------------------------|
| 25. In the last 10 years, have you had an active passport that was issued by a foreign government? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If you answered "Yes" to any of the questions in this section, explain in the space below the dates, names of firms and/or governments involved, and an explanation of your involvement.

| | | | |
|------------|------------|------------------------|-------------|
| Month/Year | Month/Year | Firm and/or Government | Explanation |
| 1) | To | | |
| Month/Year | Month/Year | Firm and/or Government | Explanation |
| 2) | To | | |

26. Foreign Countries You Have Visited - List foreign countries you have visited, except on travel under official Government orders. Begin with the most current and work back 10 years.

- Available Codes: 1 – Business 2-Pleasure 3-Education 4-Other
- Include short trips to Canada and Mexico. If you have lived near a border and have many short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and note ("Many short trips")

| | | | | | | | |
|------------|------------|------|---------|------------|------------|------|---------|
| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
| 1) | To | | | 3) | To | | |
| Month/Year | Month/Year | Code | Country | Month/Year | Month/Year | Code | Country |
| 2) | To | | | 4) | To | | |

Questionnaire Continuation

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

Association Record

| | | |
|--|---------------------------------|--------------------------------|
| 27. Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the U.S. Government and which engages in illegal activities to that end, knowing that the organization engages in such activities, with the specific intent to further such activities? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 28. Have you ever knowingly engaged in any acts or activities designed to overthrow the U.S. Government by force? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered "Yes", explain your answer in the space below. | | |
| | | |

Police Record - For this section, report information regardless of whether you believe the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.

| | | |
|--|---------------------------------|--------------------------------|
| 29. Have you ever been charged with or convicted of any felony offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 30. Have you ever been charged with or convicted of a firearms or explosives offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 31. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 32. In the last 10 years, have you been convicted by a military court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 33. Have you ever been arrested for or charged with a crime involving a child? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 34. 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"/> |
| 35. In the last 10 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s) not listed in the responses above? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Include traffic fines and accidents where you were the driver.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 36. Have you ever been a subject of a restraining order or an order of protection? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Questionnaire Continuation

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

| | | |
|---|---------------------------------|--------------------------------|
| 37. Have you ever been a subject of a grand jury investigation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 38. Are you now under charges for any violation of law or are there currently any charges pending against you for any criminal offense? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 39. Have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement officer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered "Yes" for any of the above questions in this section, explain your answer(s) below.

| Question # | Month/Year | Offense | Action Taken | Arresting Law Enforcement /Military Agency | State |
|------------|------------|---------|--------------|--|-------|
| | | | | | |
| | | | | | |

Illegal Drugs and Drug Activity-You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from you responses will be used as evidence against you in any subsequent criminal proceeding.

| | | |
|--|---------------------------------|--------------------------------|
| 40. Since the age of 16 or in the last 10 years, whichever is shorter, 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 41. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 42. In the last 10 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered "Yes", provide the date(s) and explanation of your use below.

| | | | | |
|------------|------------|------------|---|----------------------|
| Question # | Month/Year | Month/Year | Controlled Substance/Prescription Drug Used | Number of Times Used |
| | 1) | To | | |
| Question # | Month/Year | Month/Year | Controlled Substance/Prescription Drug Used | Number of Times Used |
| | 2) | To | | |

Use of Alcohol

| | | |
|---|---------------------------------|--------------------------------|
| 43. In the last 10 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

If you answered "Yes", provide the date(s) of treatment/counseling and additional information below.

| | | | | |
|------------|------------|-------------------------------------|-------|----------|
| Month/Year | Month/Year | Name/Address of Counselor or Doctor | State | Zip code |
| 1) | To | | | |
| Month/Year | Month/Year | Name/Address of Counselor or Doctor | State | Zip code |
| 2) | To | | | |

Questionnaire Continuation

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

Public Record Civil Court Actions

| | | |
|---|---------------------------------|--------------------------------|
| 44. In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

If you answered "Yes" for any of the above questions in this section, provide the information requested below.

| Incurring Month/Year | Nature of Action | Result of Action | Name of Parties Involved | Court |
|----------------------|------------------|------------------|--------------------------|-------|
| | | | | |
| | | | | |

Financial Records

| | | |
|---|---------------------------------|--------------------------------|
| 45. In the last 10 years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 46. In the last 10 years, have you had your wages garnished or had any property repossessed for any reason? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 47. In the last 10 years, have you had a lien placed against your property for failing to pay taxes or other debts? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 48. In the last 10 years, have you had any judgments against you that have not been paid? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 49. In the last 10 years, have you defaulted on any type of loan? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 50. In the last 10 years, have you had bills or debts turned over to a collection agency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 51. Have you ever experienced financial problems due to gambling? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 52. Have you ever been under investigation for embezzlement? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.

| Question # | Month/Year | Type of Action | Amount | Name Action Occurred Under | Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case |
|------------|------------|----------------|--------|----------------------------|---|
| | | | | | |
| | | | | | |

Questionnaire Continuation

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

Use of Information Technology Systems

| | | |
|--|---------------------------------|--------------------------------|
| 53. In the last 10 years, have you illegally or without proper authorization entered into an information technology system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 54. In the last 10 years, have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing in an information technology system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 55. In the last 10 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

| Question # | Nature of Incident/Offense | Location of Incident | Action Taken |
|------------|----------------------------|----------------------|--------------|
| | | | |
| | | | |

Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

| 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 national 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> |

Questionnaire 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 and/or Personnel Security Consultants, Inc., to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date

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.

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|---|--------------|----------|------------------------------------|-------------|
| 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 () | |

Authorization for Release of Medical Information

Only requested to be signed if question 21 of the Investigative Questionnaire for Law Enforcement Positions has been answered in the affirmative.

Note: *This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer **only** these questions.*

I am seeking assignment to or retention in a position with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes which may require access to classified national security information. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc. conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release 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 in a law enforcement position 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 one (1) 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.

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|---|--------------|------------------------|------------------------------------|
| 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 () |