Questionnaire for Designated Basic Positions

Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT / EMPLOYEE / VOLUNTEER:	
Signature:	Date:
Printed Name:	

Questionnaire for Designated Basic Positions

1. Full Name										
Last Name			First Name				Middle Nar	Jr., II, etc		
2. Other Names I	Jsed – Maiden nam	e. from a	a former mai	rriage, a	lias(s), or n	ickname(s). If yo	u have respo	onded 'Yes" to h	aving used other	
names, provide your c						(/)	,			
Have you used an	y other names?							YES	NO	
Name Provide the reason(s) why the name changed and timeframe										
3. Date of Birth						4. Social S	ecurity Nu	ımber		
Month 00	Day 00		Year 0000							
					—					
5. Gender			6. F	Place o	f Birth					
			City				County		State	
M	ale F	emale								
7. Your Contact I identify subjects in r		vide you	ır contact in	formati	on. Email	addresses may	be used as	a contact met	hod and to	
Personal/Home Email					Work/Alt	ternative Email Ad	dress			
r oroginam romo Eman	, taa. 666				7701107 110	iomativo Emaily to				
Home Telephone Nun	Telephone Number Cell/Mobile Telephone Number Work/Alternativ							native	_	
	Day Day Day Night Night							Day Night		
8. Where You Have Lived – List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.									. If you split 18 th birthday	
Enter Residence In	formation									
#1 - Provide dates of	·	dence.								
From Date (Month/Year)	Est.	To Date	(Month/Year)		Is this residence:	nu Do	ntad ar laggad b		
			PRES	ENT		Owned by yo Military hous		nted or leased b ner	y you	
Street Address					City			State Z	ip code	
Is the residence within	an Indian Reservation	n, Villag	e, Communi	ty, Rand	heria or Pι	ueblo?		Yes N	0	
If yes, list (Include Community, State):										
#2 - Provide dates of res										
From Date (Month/Year)	Est.	To Date (Month/Year) Is this residence: Owned by you Rented or leased by you Military housing Other						y you		
Street Address					City			State Z	ip code	
Is the residence within	an Indian Reservation	n, Villag	e, Communi	ty, Ranc	heria or Pu	ueblo?		Yes N	0	
If yes, list (Include Comn	nunity, State):									

		Questionna	ire Continu	ation					
Last Name	First Name	9	Middle Name		Jr., II, etc	I, etc. Last 4 - Social Security Number			
						,			
W0									
#3 - Provide dates of residence.	Ent -	To Data (Month/Voor)	1	Is this residenc	.0:				
From Date (Month/Year)	Est.	To Date (Month/Year)		Owned by		nted or leased	d by you		
				Military ho			a by you		
Street Address			City	ivilitary 110	donig on	State	Zip code		
Is the residence within an India	n Reserva	ation, Village, Communi	ity, Rancheri	ia or Pueblo?			Yes	No	
If yes, list (Include Community, State)	•								
9. Employment Activities - Lis	et all of vo	ur employment activitie	s haginning	with the pres	ent and worki	na hack 5 ve	are The 5	vear	
period must be accounted for v									
not list employment before you							ing scriool.	ЪО	
Entry #1 – Select your employment as		day dilless to provide a	i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1 Z years errip	noyment mat	лу.			
Employer Name:	ouvity.								
From Date (Month/Year)	□ _{Est.} -	To Date (Month/Year)	□Est.	Select the	employment stat	us:			
()		(☐ Full-tim	ne 🗖 Part-tii	me			
Provide your assigned duty station du	ring this peri	od (City and State)	Provide v	your most recent	t position title				
Trovido your doorgrood daty oldstorr da	ing the poin	od. (Oity and Otato)	1 TOVIGO	your moot rooom	t pooluon uuo.				
Street Address			City			State	Zip code		
Telephone Number			Alternate	Telephone Nun	mher				
Tolophono Humbol			7 itomato	, rolophono rtan	11001				
Provide the name of your su	pervisor.								
Last Name		First Name			F	Position Title			
Provide the following contact informat	ion for this n	orcon							
					144 1 /414				
Home Telephone Number	Day 🗖		Number	Day 🗖	Work/Alternativ	<u> </u>			
()	Night \Box			Night \square	()	Night \Box			
For this employment, in the last 7 year							_	kplace,	
such as a violation of policy or were y	ou the subjec	ct of an Internal Affairs inqui	ry or administra	ative investigatio	n based on alleg	ations?	Yes 🔲 No)	
If Yes, provide the reason(s) for being	warned, rep	orimanded, suspended, disci	plined or review	ved under inquir	y or investigation	າ. [[Date: (Month/	Year)	
For this employment have any of the t	ollowing hap	pened to you in the last 7 y	ears? Fired, o	quit after being to	old you would be	fired, left by m	utual agreem	ent	
including charges or allegations of mis		•					-		
moraumig changes of amogations of this	Joonadot, ion	t by mataur agreement renev	ing notice of a	nodiloladioly po					
Select your type of incident:		Reason:				Employment Departure		e:	
Fired Provide the reason fired.						(Month/Year)		Est.	
						(,			
Quit after being told you would be	fired	Provide the reason.				(Month/Year)		Est.	
Quit after being told you would be	iliou					(Month / Car)	_	L3t.	
Left by mutual agreement followin	a charace or	. Provide the charges or	allegations.			(Month/Year)	П	Est.	
allegations of misconduct.	y charges or		Ū			(IVIOITIII/Tear)	_	LSt.	
If no longer employed, provide the spe	ecific reason	vou left the employment act	tivitv:						
			- ·-y·						
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?									
		,, ,							
If yes, list: Community, Stat	•								
Community, Stat	-								

Questionnaire Continuation											
Last Name	First Name	Э		Middle Name	iddle Name				Jr., II, etc. Last 4 - Social Security		urity Number
Employment Activities - Cont	inued										
Entry #2 – Select your employment ac Employer Name:	tivity.										
Employer Name.											
☐ Active Military			☐ Other Federal Employ	vment			□ Self-emp	lovme	ant .		
☐ Federal Contractor			☐ State Government	ymont			□ Unemplo				
■ National Guard/Reserve			■ Non-government emp	oloyment			□ Other				
From Date (Month/Year)	Est.	To D	ate (Month/Year)	☐ Est			employment s				
						☐ Full-tim	ne 🗖 Par	t-time			
Provide your assigned duty station du	ring this peri	od.	(City and State)	Provide	your	most recen	t position title.				
Street Address				City				S	State	Zip cod	le
Telephone Number				Δlternat	ام۲ د	lephone Nur	mher			1	
relephone Number				/ illomat	0 101	icprioric rtui	IIDOI				
Provide the name of your sup	pervisor.										
Last Name First Name F							Pos	Position Title			
Provide the following contact informati	on for this p	erso	n.					l .			
Home Telephone Number	Day 🗖		Cell/Mobile Telephone N	lumber		Day \square	Work/Altern	ative			Day 🗖
()	Night \square		()		١	Night	()				Night \square
For this employment, in the last 7 year			re a written warning, beer	officially rep		•	ended or disci	plined	I for miscon		
such as a violation of policy or were yo	ou the subject	ct of	an Internal Affairs inquiry	or administr	ative	investigation	n based on al	legati	ons?	Yes	No
			•			_					
If Yes, provide the reason(s) for being	warned, rep	rima	inded, suspended, discipl	lined or revie	wed	under inqui	ry or investiga	tion.		Date: (Mo	onth/Year)
For this employment have any of the for	ollowing hap	pen	ed to you in the last 7 year	ars? Fired,	quit a	after being t	old you would	be fir	ed, left by n	nutual agr	eement
including charges or allegations of mis	conduct, lef	t by i	mutual agreement followi	ng notice of a	ınsa	tisfactory pe	rformance.	□Ye	s 🗖 No)	
											_
Select your type of incident:			Provide the reason fired.	Reason:					Employment Departure Date:		
Fired			Flovide the reason med.	•				(N	/lonth/Year)		☐ Est.
			Provide the reason.								П
Quit after being told you would be fired Provide the reason.								(N	(Month/Year)		L LESt.
I of hy mutual agreement following		_	Provide the charges or a	Illegations.				//	Aonth (Voor)		□Est.
Left by mutual agreement following charges or allegations. Provide the charges or allegations.								(1)	/lonth/Year)		ESI.
If no longer employed, provide the specific reason you left the employment activity:											
		•		-							
								<u> </u>	_		
Is the employment location within an li	ndian Reser	vatio	n, Village, Community, R	ancheria or I	Pueb	lo?		Yes	☐ No		
If yes, list:											
Community State	2										l

Questionnaire Continuation									
Last Name	First Name		Middle Na	ame Jr., II, etc. La			ast 4 - Social Security Number		
Employment Activities - C	ontinued								
Entry #3 – Select your employmer Employer Name:	nt activity.								
Employer Name.									
☐ Active Military		☐ Other Fede	ral Employm	ent		□ Self-emplo	wment		
☐ Federal Contractor		☐ State Gove		CIIL		□ Unemploy			
■ National Guard/Reserve		■ Non-governed	nment employ	ment		□ Other			
From Date (Month/Year)	☐ Est.	To Date (Month/Yea	ar)	☐ Est.		employment sta			
					☐ Full-tim	e Part-t	ime		
Provide your assigned duty station	n during this pe	eriod. (City and State)	Provide your	most recent	position title.			
Street Address				City			State	Zip code	
				,				'	
Telephone Number				Alternate Tel	onhono Nun	hor			
relephone Number				Allemale rei	ephone Mun	ibei			
Provide the name of your supervisor.									
Last Name	•	First Name					Position Title		
Provide the following contact infor	mation for this	person.							
Home Telephone Number	Day [_	lenhone Num	nher	Day 🗖	Work/Alternat	ive	Day 🗖	
/ \	Night I		nopriorio riuri		light \square	/ \		Night \square	
For this employment, in the last 7			ning been of		•	nded or discipl	ined for miscond		
such as a violation of policy or we	-		-		-	· ·		Yes No	
such as a violation of policy of we	ie you the sub	ject of all internal Alla	ans mquiry or	administrative	iiivesiigaiio	ii baseu oii alle	gations:	163 - 140	
If Yes, provide the reason(s) for be	eing warned, r	eprimanded, suspend	led, discipline	d or reviewed	under inquir	y or investigation	on. [Date: (Month/Year)	
For this employment have any of t	he following h	appened to you in the	last 7 years	? Fired, quit a	after being to	old vou would b	e fired. left by m	utual agreement	
including charges or allegations of	-	• •	-	-	_			ataar agroomont	
morading ondrigod or dilogations of	milocoriadot, i	ion by mataar agroom	ont ionowing	notice of anoat	iolactory po	101111a1100.	-100 -		
Select your type of incident:				Reason:			Employment Departure Date:		
Fired Provide the reason fired.							(Month/Year)	☐ Est.	
		5							
Quit after being told you would	be fired	Provide the real	ason.				(Month/Year)	☐ Est.	
_		Donald a the cale							
	utual agreement following charges or Provide the charges or allegations.						(Month/Year)	☐ Est.	
allegations of misconduct. If no longer employed, provide the	anasifia rasas	on you left the ampley	mant antivity						
ii no longer employed, provide the	specilic reaso	on you left the employ	ment activity	•					
Is the employment location within	an Indian Res	servation, Village, Com	nmunity, Ran	cheria or Puebl	lo?	□ Ye	es 🗖 No		
If yes, list:			•						
Community, S	State								

Questionnaire Continuation										
Last Name		First Name		Middle Name		Jr., II, etc.	Last 4 - Social Secu	ırity Number		
Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report 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. Be sure to include all incidents whether occurring in the U.S. or abroad.										
11. 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)? (Leave out traffic fines of less than \$150.00.)										
12. Are you	ı now under ch	narges for any violation c	of law?					YES	NO 🗖	
If you have information		"Yes" to any of the abo	ove questions	s in this section, e			ver(s) below providing al	·	d	
Question #	Month/Year	Offense	Actio	on Taken	ļ	Arresting Lav	v Enforcement /Military Agenc	у	State	
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. After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).										
				Certification						
My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001 and Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes internal policies. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated basic position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes. 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/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.										
Signature			Printed Name	e			Signature Da	te (mm/dd	/yyyy)	
Enter you	Social Sec	urity Number before	going to the	next page —			→			

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated basic position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes 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 designated position and/or 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** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes.

Signature (sign in black ink)	Full name (Type or print le	Signature Date (mm/dd/yyyy)		
Other names used				
Current street address and city		State	Zip Code	Telephone number