

# 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

<b>1. Full Name</b>						
Last Name		First Name		Middle Name	Jr., II, etc	
<b>2. Other Names Used</b> – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded ‘Yes’ to having used other names, provide your other name(s) used and the reason why the name changed.						
Have you used any other names?				YES	NO	
Name		Provide the reason(s) why the name changed and timeframe				
<b>3. Date of Birth</b>			<b>4. Social Security Number</b>			
Month 00	Day 00	Year 0000				
<b>5. Gender</b>		<b>6. Place of Birth</b>				
Male	Female	City	County		State	
<b>7. Your Contact Information</b> - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.						
Personal/Home Email Address			Work/Alternative Email Address			
Home Telephone Number		Cell/Mobile Telephone Number		Work/Alternative		
Day Night		Day Night		Day Night		
<b>8. Where You Have Lived</b> – List the places where you have lived beginning with your present address and working back <b>5 years</b> . 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 18 <sup>th</sup> 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.						
<b>Enter Residence Information</b>						
#1 - Provide dates of your <b>present</b> residence.						
From Date (Month/Year)		Est.	To Date (Month/Year)		Is this residence:	
<b>PRESENT</b>			Owned by you Military housing	Rented or leased by you Other		
Street Address			City	State	Zip code	
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes	No
If yes, list (Include Community, State):						
#2 - Provide dates of residence.						
From Date (Month/Year)		Est.	To Date (Month/Year)		Is this residence:	
<b>PRESENT</b>			Owned by you Military housing	Rented or leased by you Other		
Street Address			City	State	Zip code	
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes	No
If yes, list (Include Community, State):						

### Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
-----------	------------	-------------	---------------	---------------------------------

#### #3 - Provide dates of residence.

From Date (Month/Year)	Est.	To Date (Month/Year)	Is this residence:		
				Owned by you Military housing	Rented or leased by you Other
Street Address			City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?					Yes      No
If yes, list (Include Community, State):					

#### 9. Employment Activities - List all of 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." Do not list employment before your 18<sup>th</sup> birthday unless to provide a minimum of 2 years employment history.

Entry #1 - Select your employment activity.

Employer Name:

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:	
				<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Provide your assigned duty station during this period. (City and State)			Provide your most recent position title.		
Street Address		City	State	Zip code	
Telephone Number		Alternate Telephone Number			

#### Provide the name of your supervisor.

Last Name	First Name	Position Title
-----------	------------	----------------

Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
(      )	Night <input type="checkbox"/>	(      )	Night <input type="checkbox"/>	(      )	Night <input type="checkbox"/>

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?  Yes  No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation. Date: (Month/Year)

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Yes  No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes  No

If yes, list: \_\_\_\_\_  
Community, State

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

**Employment Activities - Continued.**

Entry #2 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other
--	--	---

From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
--	--	--

Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.
---	--

Street Address	City	State	Zip code
----------------	------	-------	----------

Telephone Number	Alternate Telephone Number
------------------	----------------------------

**Provide the name of your supervisor.**

Last Name	First Name	Position Title
-----------	------------	----------------

Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>	Night <input type="checkbox"/>
( )			( )			( )		

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?  Yes  No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
---	--------------------

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Yes  No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State	

### Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
-----------	------------	-------------	---------------	---------------------------------

#### Employment Activities - Continued.

Entry #3 – Select your employment activity.

Employer Name:

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other _____
--	--	---

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State) \_\_\_\_\_ Provide your most recent position title. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

#### Provide the name of your supervisor.

Last Name	First Name	Position Title
-----------	------------	----------------

Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>
(     )	Night <input type="checkbox"/>	(     )	Night <input type="checkbox"/>	(     )	Night <input type="checkbox"/>

For this employment, in the **last 7 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?     Yes     No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
---	--------------------

For this employment have any of the following happened to you in the **last 7 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.     Yes     No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____ Community, State	

### Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security 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 <b>last 5 years</b> , 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.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.*

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	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	Signature Date (mm/dd/yyyy)
-----------	--------------	-----------------------------

Enter you Social Security 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 legibly)	Signature Date (mm/dd/yyyy)	
Other names used			
Current street address and city	State	Zip Code	Telephone number