

Questionnaire for Designated *Public Trust* 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 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:
Signature: _____ Signature Date: _____
Printed Name: _____

Questionnaire for Designated *Public Trust* Positions

1. Full Name			
Last Name	First Name	Middle Name	Jr., II, etc
2. Other Names Used – 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 <input type="checkbox"/> NO <input type="checkbox"/>
Name		Provide the reason(s) why the name changed and timeframe	
Name		Provide the reason(s) why the name changed and timeframe	
3. Date of Birth		4. Social Security Number	
Month 00	Day 00	Year 0000	
5. Driver's License No.		6. Place of Birth	
No.:	State Issued:	City	County State
7. Your Contact Information - 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 ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Cell/Mobile Telephone Number ()	Work/Alternative Day <input type="checkbox"/> Night <input type="checkbox"/>
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 18 th 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.			
Enter Residence Information –			
#1 - Provide dates of your present residence.			
From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence:
			<input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____
Street Address		City	State Zip code
Is the residence 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
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Where You Have Lived – Continued

#2 - Provide dates of residence.

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

#3 - Provide dates of residence.

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

#4 - Provide dates of residence.

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

#5 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code
Is the residence 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
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9. Where You Went to School – Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

Have you received a degree or diploma in the last **5 years**?

Yes No (If no, proceed to next question.)

If yes, provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
<input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)			

#2 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
<input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)			

#3 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No.
	()

Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one:	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
<input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)			

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
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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
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Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.
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Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number
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Provide the name of your supervisor.

Last Name	First Name	Position Title
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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"/>
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For this employment, in the **last 5 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)
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For this employment have any of the following happened to you in the **last 5 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
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11. Personal References – Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 5 years**. Do **not** provide anyone listed elsewhere on this form or close relatives.

Entry #1

Last Name	First Name	Middle Name
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Provide dates known.	Provide relationship to you (Check all that apply)
From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____

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"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Entry #2

Last Name	First Name	Middle Name
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Provide dates known.	Provide relationship to you (Check all that apply)
From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____

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"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Entry #3

Last Name	First Name	Middle Name
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Provide dates known.	Provide relationship to you (Check all that apply)
From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor <input type="checkbox"/> Work Associate <input type="checkbox"/> Friend <input type="checkbox"/> Schoolmate <input type="checkbox"/> Other _____

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"/>

Provide e-mail address for this person. I don't know

Provide street address for this person (including apartment number). Include city, state, and zip code.

Questionnaire Continuation

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

12. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. In the last 5 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. In the last 5 years have you been or are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you currently on trial or awaiting a trial on criminal charges?	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

Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes. The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

16. In the last 5 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To <input type="checkbox"/> Est	Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement
Month/Year To <input type="checkbox"/> Est	Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement

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

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		
<p>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). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a public trust 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.</p> <p>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.</p>		
Signature	Printed Name	Signature Date (mm/dd/yyyy)

Enter you Social Security Number before going to the next page →	<input style="width: 150px; height: 25px;" type="text"/>
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Questionnaire for Designated *Public Trust* Positions 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 public trust 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 **Authorize** the Social Security Administration (SSA) to verify my social security number (to match my name, social security number, and date of birth with information in SSA records and provide the results of the match) to the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., who is conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes and/or Personnel Security Consultants, Inc., in the event of a discrepancy.

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