## 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		Fir	st Name				Middle Nar	ne	Jr.	, II, etc
								•		
2. Other Names Used -	Maiden name,	from a fo	rmer ma	arriage,	alias(s), or ni	ickname(s).	lf you have	responded 'Y	es" to ha	ving
used other names, provide		me(s) us	ed and	the reas	on why the n	ame change	d			_
Have you used any other names	s?								YES	NO
Name				Provide	the reason(s) w	hy the name ch	anged and ti	meframe	I	
Name				Drovido	the recental w	hy the name ch	angod and ti	moframa		
Iname				Flovide	the reason(s) w	my the name on	angeu anu u	IIIeliallie		
3. Date of Birth					4	4. Social Se	curity Nu	mber		
Month 00	Day 00	Ye	ar 0000							
5. Driver's License No.				Place of	Birth					
No.:	State Is	sued:	City				County		Sta	ite
7. Your Contact Informa	tion - Provide	your con	tact info	rmation.	Email addre	esses may be	used as a	a contact meth	od and to	)
identify subjects in records	S.				1					
Personal/Home Email Address					Work/Alterna	tive Email Addr	ess			
Home Telephone Number	Day	☐ Ce	ll/Mobile	Telephone	Number	Day 🗖	Work/Alteri	native		Day 🗖
	Night		)			Night	( )		1	Night $\square$
		1	,				, , ,			
8. Where You Have Live	d – List the pla	aces whe	re you h	ave live	d beginning v	with your pres	sent addre	ss and working	g back 5	years.
Residence for the entire p										
Office box. If you split you										
residence before your 18th	•	•			•		ry. You ar	e not required	to list ter	nporary
locations of less than 90 d	ays that did no	ot serve a	s your p	emane	TIL OF THAINING	auuress.				
Enter Residence Informa	ation –									
#1 - Provide dates of your		nce.				T				
From Date (Month/Year)	□Est.	To Date (M	lonth/Yea	r)		Is this resider		п		
						Owned		Rented or	leased b	y you
01 1 1 1 1					0:1	■ Military	housing	Other		
Street Address					City			State	Zip code	
Is the residence within an	Indian Reserva	ation, Villa	age, Co	mmunity	, Rancheria	or Pueblo?			Yes	☐ No
If yes, list:		_								_
Community	, State									

		Questi	ionnaire	Continuati	on				
Last Name	First Name		Middle Na	ame	Jr., II, etc.	L	ast 4 - Social Se	curity Numb	er
Where You Have Lived – (	Continued								
#2 - Provide dates of residence.									
From Date (Month/Year)	□Est.	To Date (Month/Year)	)	□Est.	Is this residen	ce:			
			,		Owned I	by you	Rented o	r leased b	y you
					☐Military I	housing	Other		
Street Address				City			State	Zip code	
Is the residence within an Ir	ıdian Reser	vation, Village, Con	nmunity, I	Rancheria d	or Pueblo?		•	Yes	□ No
If yes, list:									
Community,	State								
#3 - Provide dates of residence.		Γ			la Hais masidam				
From Date (Month/Year)	☐Est.	To Date (Month/Year)	)	Est.	Is this residen  Owned I		Rented o	r looged b	
						, ,		r leased b	y you
Street Address				City	☐ Military I	nousing	Other	Zip code	
on oct / todal occ				Oity			Oldic	210 0000	
Is the residence within an Ir	idian Reser	vation, Village, Con	nmunity, I	Rancheria	or Pueblo?			□Yes	□ No
If yes, list:									
Community,	State								
#4 - Provide dates of residence.		T			T				
From Date (Month/Year)	☐Est.	To Date (Month/Year)	)	☐Est.	Is this residen				
					Owned I		Rented o	r leased b	y you
Street Address				City	☐ Military I	nousing	Other	Zip code	
Street Address				City			State	Zip code	
Is the residence within an Ir	idian Reser	vation, Village, Con	nmunity, F	Rancheria d	or Pueblo?			Yes	□ No
If yes, list:									
Community,	State								
#5 - Provide dates of residence.		Γ			Is this residen				
From Date (Month/Year)	☐Est.	To Date (Month/Year)	)	Est.	Owned I		□Dantad a		
					l		Rented o	r leased b	y you
Street Address				City	☐ Military I	nousing	Other	Zip code	
550171001000				Jily				2.p 0006	
Is the residence within an Ir	ıdian Reser	vation Village Con	 nmunity !	Rancheria (	or Puehlo?			Yes	□ No
If yes, list:			,,,						
Community,	State								

		Questi	ionnaire Continuatio	n			
Last Name	First Name		Middle Name	Jr., II, etc.	I	ast 4 - Social Security Num	ber
							_
9. Where You Went to Sc	<b>hool</b> – Do n	ot list education be	fore your 18th birthday	y, unless to բ	orovide a	minimum of two years	of
education history.							
Have you received a degree	e or diploma	in the last <b>5 years</b>	?				
Yes No (If no, pro	oceed to ne	xt question.)					
If yes, provide the following	dates of att	endance and reque	ested information.				
#1 - Provide dates of attendance.		<u>'</u>					
From Date (Month/Year)	□Est.	To Date (Month/Year)	Est.	Select the mos	st appropri	ate description of your school	ol.
From Date (Month/Tear)	ESI.	TO Date (Month) Tear)	) Est.	☐High Sch		□Vocational/Technic	
						y Online/Distance S	
Provide the name of the school.				L College/	Universit	y LOnline/Distance 5	CHOOL
Provide the name of the school.							
Provide the street address of the	school. For O	nline/Distance school, p	provide the address where	the records are	e maintaine	ed.	
Street Address (Include city, state					Telephon		
					, .		
					( )		
Did vav rassiva a dagras /di	nlama? <b>F</b>	Yes 🗖 No If		1 ( ) / 1'	1 ()		
Did you receive a degree/di	<u> </u>		yes, provide type of o	aegree(s)/aip	oloma(s)	received and date(s) av	
Choose one:  Degree Attendance (		//ajor/Focus:				Date awarded (Month/Year)	□Est.
☐ Diploma ☐ Other (Expla	-					(World II Tour)	
<b>L</b> Dipiona <b>L</b> Other (Expla	111)						
#2 - Provide dates of attendance.				Calaat tha maa	-4	-t- dinti	.1
From Date (Month/Year)	☐Est.	To Date (Month/Year)	DEst.			ate description of your school	
				High Sch		☐Vocational/Technic	
				<b>└</b> College/	Universit	y Online/Distance S	chool
Provide the name of the school.				<b>L</b> College/	Universit	y <b>L</b> Online/Distance S	chool
	eshaal Far O	alina/Distance school n	provide the address where	-		-	chool
Provide the street address of the s			provide the address where	-	e maintaine	ed.	chool
			provide the address where	-		ed.	chool
Provide the street address of the s			provide the address where	-	e maintaine Telephon	ed. e No.	chool
Provide the street address of the s		)	provide the address where	-	e maintaine	ed. e No.	chool
Provide the street address of the s	, and zip code			the records are	e maintaine Telephon	ed. e No.	
Provide the street address of the s Street Address (Include city, state Did you receive a degree/di Choose one:	, and zip code			the records are	e maintaine Telephon	ed. e No. received and date(s) av	warded.
Provide the street address of the s Street Address (Include city, state  Did you receive a degree/di Choose one:  Degree Attendance (	, and zip code  ploma?	) IYes □ No If		the records are	e maintaine Telephon	ed. e No. received and date(s) av	
Provide the street address of the s Street Address (Include city, state Did you receive a degree/di Choose one:	, and zip code  ploma?	) IYes □ No If		the records are	e maintaine Telephon	ed. e No. received and date(s) av	warded.
Provide the street address of the s Street Address (Include city, state  Did you receive a degree/di Choose one:  Degree Attendance (	, and zip code  ploma?	) IYes □ No If		the records are	e maintaine Telephon	ed. e No. received and date(s) av	warded.
Provide the street address of the s Street Address (Include city, state  Did you receive a degree/di Choose one:  Degree Attendance (	, and zip code  ploma?	) IYes □ No If		the records are	e maintaine Telephon	ed. e No. received and date(s) av	warded.
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one:  Degree Attendance (Explain Diploma Other (Explain Diploma Tother (Explain Diploma Dipl	ploma? Donly	Yes No If	yes, provide type of o	the records are	e maintaine Telephon ( )	ed. e No. received and date(s) av	warded.
Provide the street address of the street Address (Include city, state)  Did you receive a degree/di Choose one:  Degree Attendance (Company)  Diploma Other (Expla)	, and zip code  ploma?	) IYes □ No If	yes, provide type of o	the records are	e maintaine Telephon ( )  bloma(s)	received and date(s) av  Date awarded (Month/Year)	warded.  Est.
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one:  Degree Attendance (Explain Diploma Other (Explain Diploma Tother (Explain Diploma Dipl	ploma? Donly	Yes No If	yes, provide type of o	the records are degree(s)/dip	e maintaine Telephon ( )  Dloma(s)  st appropri	received and date(s) as Date awarded (Month/Year)  ate description of your school	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/di Choose one: Degree Attendance (Company) Diploma Other (Explain)  #3 - Provide dates of attendance.  From Date (Month/Year)	ploma? Donly	Yes No If	yes, provide type of o	the records are degree(s)/dip	e maintaine Telephon ( )  Dloma(s)  st appropri	received and date(s) av Date awarded (Month/Year)  ate description of your school	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one:  Degree Attendance (Explain Diploma Other (Explain Diploma Tother (Explain Diploma Dipl	ploma? Donly	Yes No If	yes, provide type of o	the records are degree(s)/dip	e maintaine Telephon ( )  Dloma(s)  st appropri	received and date(s) as Date awarded (Month/Year)  ate description of your school	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/di Choose one: Degree Attendance (Company) Diploma Other (Explain)  #3 - Provide dates of attendance.  From Date (Month/Year)	ploma? Donly in)	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are	e maintaine Telephon ( )  Dloma(s)  est appropri nool Universit	ed. e No.  received and date(s) av Date awarded (Month/Year)  ate description of your school Vocational/Technic y Online/Distance S	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/di Choose one: Degree Attendance (Include city) Diploma Other (Explain Choose one: The provide dates of attendance.  From Date (Month/Year)  Provide the name of the school.	ploma? Donly in) Est.	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are	e maintaine Telephon ( )  Dloma(s)  est appropri nool Universit	ed. e No.  received and date(s) av Date awarded (Month/Year)  ate description of your school Vocational/Technic y Online/Distance S	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one: Degree Attendance (Diploma Other (Explain Provide dates of attendance)  #3 - Provide dates of attendance.  From Date (Month/Year)  Provide the name of the school.	ploma? Donly in) Est.	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are	e maintaine Telephon ( )  Dloma(s)  st appropri nool Universit	ed. e No.  received and date(s) av Date awarded (Month/Year)  ate description of your school Vocational/Technic y Online/Distance S	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one: Degree Attendance (Diploma Other (Explain Provide dates of attendance)  #3 - Provide dates of attendance.  From Date (Month/Year)  Provide the name of the school.	ploma? Donly in) Est.	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are	e maintaine Telephon ( )  Dloma(s)  st appropri nool Universit	ed. e No.  received and date(s) av Date awarded (Month/Year)  ate description of your school Vocational/Technic y Online/Distance S	warded.  Est.  Di. cal/Trade
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one: Degree Attendance (Explain Diploma Other (Explain Diploma Other (Explain Diploma Date (Month/Year)  Provide the name of the school.  Provide the street address of the street Address (Include city, state)	ploma? Donly in) Est.	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are degree(s)/dip Select the model High Sch College/	e maintaine Telephon ( ) Dloma(s) st appropri nool Universit e maintaine Telephon ( )	received and date(s) as Date awarded (Month/Year)  ate description of your school Vocational/Technical Online/Distance Sed.	warded.  Est.  ol. cal/Trade chool
Provide the street address of the street Address (Include city, state)  Did you receive a degree/di Choose one: Degree Attendance (Include city) Diploma Other (Explain Company Compan	ploma? Donly in)  Est.  School. For Oil, and zip code	Yes No If  Najor/Focus:  To Date (Month/Year)	yes, provide type of o	the records are degree(s)/dip Select the model High Sch College/	e maintaine Telephon ( ) Dloma(s) st appropri nool Universit e maintaine Telephon ( )	received and date(s) as Date awarded (Month/Year)  ate description of your school Vocational/Technic y Online/Distance S  ed. e No.	warded.  Est.  ol. cal/Trade chool  warded.
Provide the street address of the street Address (Include city, state)  Did you receive a degree/dichoose one: Degree Attendance (Explain Diploma Other (Explain Diploma Other (Explain Diploma Date (Month/Year)  Provide the name of the school.  Provide the street address of the street Address (Include city, state)	ploma? Donly in)  Est.  School. For Oil, and zip code	Yes No If Major/Focus:  To Date (Month/Year)	yes, provide type of o	the records are degree(s)/dip Select the model High Sch College/	e maintaine Telephon ( ) Dloma(s) st appropri nool Universit e maintaine Telephon ( )	received and date(s) as Date awarded (Month/Year)  ate description of your school Vocational/Technical Online/Distance Sed.	warded.  Est.  ol. cal/Trade chool

			Quest	ionnaire	Continuati	on			
Last Name	First Name			Middle Na	ame	Jr., II, etc	. La	ast 4 - Social S	Security Number
10 Employment Activities	list all of	\ (Q.L.I.E.	ampleyment (	antivition l	haainnina u	ith the pro	ant and wa	rking book F	Event The Event
10. Employment Activities									
period must be accounted for not list employment before									iding school. Do
not list employment before	your ro" bir	lluay	uniess to pro	wide a mi	IIIIIIuIII OI Z	years emp	ioyineni nis	iory.	
Entry #1 – Select your employmer	nt activity.								
Employer Name:									
■ Active Military							■ Self-emplo		
☐ Federal Contractor			☐ State Govern				☐ Unemploy	ment	
■ National Guard/Reserve	П		□ Non-governn			Select the e	Other employment sta	atus.	
From Date (Month/Year)	☐Est.	10 D	ate (Month/Year)	)	□Est.	☐Full-tir		art-time	
Provide your assigned duty station	n during this pe	eriod.	(City and State)		Provide you	r most recent	position title.		
Street Address					City			State	Zip code
Telephone Number					Alternate Telephone Number				
- ·						•			
Provide the name of your	supervisor		First Name					D14 Titl-	
Supervisor Last Name			First Name					Position Title	
Provide the following contact infor	mation for this	perso	n.						
Home Telephone Number	Day <b>D</b>	]	Cell/Mobile Tele	ephone Nun	nber	Day 🗖	Work/Alternation	tive	Day 🗖
( )	Night	]	( )			Night $\square$	( )		Night $\square$
For this employment, in the last 5			ve a written warni	ing, been of	fficially reprima	anded, suspe	nded or discip	lined for misco	induct in the workplace,
such as a violation of policy or we	re you the sub	ject of	an Internal Affair	rs inquiry or	administrative	e investigation	n based on alle	egations?	Yes No
If Yes, provide the reason(s) for be	eing warned, r	eprima	anded, suspende	d, discipline	ed or reviewed	under inquir	or investigation	on.	Date: (Month/Year)
For this employment have any of t	the following h	appen	ed to you in the I	ast 5 years	? Fired, quit	after being to	ld you would b		
including charges or allegations of	f misconduct, I	eft by	mutual agreemer	nt following	notice of unsa	atisfactory per	formance.	Yes 🗖	No
Select your type of incident:			Reason:					Employmen	nt Departure Date:
Fired			Provide the reas	son fired.				(Month/Yea	r) 🗖 Est.
Quit after being told you	would be fir	ed	Provide the reas	son.				(Month/Yea	ır) 🗖 Est.
•									,
Left by mutual agreemer	nt following		Provide the cha	rges or alle	gations.			(Month/Yea	ır) 🗖 Est.
charges or allegations of mi									
If no longer employed, provide	the specific re	eason	you left the em	ployment a	ectivity:				
Is the employment location	within an Ind	dian F	Reservation, V	/illage, Co	ommunity, F	Rancheria d	or Pueblo?		Yes No
If yes, list:									
Community.	State								

		Questi	ionnaire	Continuatio	n				
Last Name	First Name		Middle Na	ame	Jr., II, etc	). L	ast 4 - Social Se	curity Number	
Employment Activities - C	ontinued.								
Entry #2 – Select your employmer	nt activity.								
Employer Name:	•								
■ Active Military		■ Other Federa	al Employme	ent		■ Self-empl	ovment		
□ Federal Contractor		☐ State Govern	ment			■ Unemploy			
■ National Guard/Reserve		■ Non-governm	nent employ		0 1 11	□ Other			
From Date (Month/Year)	□Est.	To Date (Month/Year)	)	□Est.		employment st			
					☐ Full-ti	me <b>L</b> P	art-time		
Provide your assigned duty station	n during this pe	riod. (City and State)		Provide your	most recen	t position title.			
Street Address				City			State	Zip code	
Olleel Address				Oity			State	Zip code	
Telephone Number				Alternate Tele	ephone Nur	nber			
D 11 (1 (									
Provide the name of your	supervisor.	First Name					Desition Title		
Last Name		First Name					Position Title		
Provide the following contact infor	mation for this p	oerson.				•			
Home Telephone Number	Day 🗖	Cell/Mobile Tele	phone Num	nber	Day 🗖	Work/Alterna	ative	Day <b>[</b>	コ
( )	Night <b></b>	<b>1</b> ( )		N	ight 🗖	( )		Night <b>[</b>	<b>_</b>
For this employment, in the last 5			na been of		•	nded or discir	olined for miscon		
such as a violation of policy or we	•		•	• .			_	Yes 🗖 No	,
Such as a violation of policy of we	ie you tile subje	sol of all internal Allah	3 iriquiry or	administrative	iiivesiigaiio	ii basea oii ali	egations:	1103	
If Yes, provide the reason(s) for be	eing warned, re	primanded, suspended	d, discipline	d or reviewed i	ınder inquir	y or investigat	ion.	Date: (Month/Yea	ar)
,			•		·			`	,
For this annular month have any of t	ما مستنده المستندة	mmamad ta vavi in tha L	4 F	O Finad antit a	£4	الماريمين بيميناما	ha finad laft hive		
For this employment have any of t	-	• •	-		-	_			
including charges or allegations of	misconduct, le	ft by mutual agreemer	nt following	notice of unsat	sfactory pe	rformance.	Yes D	No	
Select your type of incident:				Reason:			Employment	Departure Date:	
Fired		Provide the reas	son fired.	rtouson.					
<b>□</b> Fired							(Month/Year)		ΞSι.
<b>—</b>		Provide the reas	son.				(Marrial D(1-1)		
☐ Quit after being told you	would be fire	ed   Fronties and road					(Month/Year)		EST.
		Provide the char	rges or alleg	nations			(1. (1.5)		
Left by mutual agreemer		1 TOVIGO GIO GIAI	igoo oi allo	gationo.			(Month/Year)		=st.
charges or allegations of mi		eson you left the emi	olovment a	ctivity					
ii iio loligei elliployeu, pioviue	ano specific ic	acon you lest the emp	oroyment a	ouvity.					
							<u> </u>		
Is the employment location	within an Ind	ian Reservation V	/illage Co	mmunity R	ancheria	or Pueblo?		□Yes □	No
		iai. i toooi vatioii, v	ago, oc			. i dobio:			. 10
If yes, list:	21-1-								
Community, S	Siate								

Questionnaire Continuation								
Last Name	First Name		Middle N	ame	Jr., II, etc.	La	st 4 - Social Se	curity Number
			<u> </u>					
Employment Activities - C	`ontinued							
Entry #3 – Select your employment	nt activity.							
Employer Name:								
A ativa Militari		D Other Feders	al Francisco			7 Calf amania		
☐ Active Military ☐ Federal Contractor		☐ Other Federa☐ State Govern		ieni		Self-emplog Unemploy		
■ National Guard/Reserve		□ Non-governn		yment		Other		
From Date (Month/Year)	☐Est.	To Date (Month/Year)	)	□Est.	Select the em			
·		, ,			☐ Full-time	e <b>D</b> Pa	rt-time	
Provide your assigned duty station	n during this p	eriod. (City and State)		Provide your	r most recent p	osition title.		
Street Address				City			State	Zip code
ou out radiood				Oity			Cidio	2.0 0000
Telephone Number				Alternate Le	lephone Numb	er		
Provide the name of your	supervisor	•						
Last Name	опролисо.	First Name					Position Title	
Provide the following contact infor	mation for this	norcon						
Home Telephone Number	Day		nhana Nun	nhor	Day 🗖 V	Vork/Alternati		Day 🗖
nome relephone Number	_		epriorie ivuri		·	vork/Aiternati	ve	·
For this employment, in the last 5	Night		ina haan a		Night 🔲 (	) Jad ar diasiali	and for minoon	Night
• •	-		•	• •		•		Yes No
such as a violation of policy or we	ere you the sub	ject of an internal Aπair	rs inquiry or	administrative	e investigation i	based on alle	gations?	res 🖿 No
If Yes, provide the reason(s) for b	eing warned, r	eprimanded, suspende	d, discipline	ed or reviewed	under inquiry	or investigatio	n. [	Date: (Month/Year)
			•			· ·		,
For this employment have any of	the following h	annened to you in the I	act 5 years	2 Fired quit	after being told	you would be	a fired left by m	utual agreement
including charges or allegations o	_	•	-	-	-			
including charges or allegations of	i misconduct,	en by mutual agreemer	nt iollowing	notice of unsa	ilistaciory perio	imance.	ires 🗀 N	10
Select your type of incident:				Reason:			Employment I	Departure Date:
Fired		Provide the reas	son fired.				(Month/Year)	□Est.
							,	
Quit after being told you	would be fir	ed Provide the reas	son.				(Month/Year)	□Est.
							,	
Left by mutual agreemer	nt following	Provide the cha	rges or alle	gations.			(Month/Year)	□Est.
charges or allegations of mi								
If no longer employed, provide	the specific r	eason you left the em	ployment a	activity:				
Is the employment location	within an In	dian Reservation. V	/illage, Co	ommunity. F	Rancheria or	Pueblo?		□Yes □ No
		··•,	<b>J</b> , •	<b>,</b> , .				<del></del>
If yes, list:Community.	State							

		Ques	tionna	ire Continuation	on			
Last Name	First Name		Midd	lle Name	Jr., II, etc.	La	st 4 - Social Securi	ty Number
11. Personal References	_ Provide th	ree neonle who k	חסעע עמ	u well and live	in the IIS	They shoul	d he good friend	de noore
colleagues, roommates, as								
combined association with								
relatives.	,00 00 00 0	at loadt the last s	youro.	Do not provide	arryono no	.00 010011110		01 01000
Entry #1								
Last Name		First Name	e				Middle Name	
Provide dates known.				Provide relations	hin to you (C	nack all that ar	noly)	
	t To Data	(Month/Year)	- <sub>o+</sub>	□ Neighbor		ociate		
From Date (Month/Year)	st. To Date	e (Month/Year)	ΞSι.	□ Schoolmate	□ Other			
Provide the following contact info	mation for this	s person.						
Home Telephone Number	Day 🗖	Cell/Mobile Telepho	ne Num	ber Day		Work/Alternati	ive	Day 🗖
( )	Night $\square$	( )		Night		( )		Night $\square$
Provide e-mail address for this pe				TVIGIT		( )		Might -
								☐I don't know
Provide street address for this per	rson (including	apartment number).	Include	city, state, and zip	code.			
	· · · · · · · · · · · · · · · · · · ·	, . , ,		, , , , , , , , , , , , , , , , , , ,				
Entry #2								
Last Name		First Name	9				Middle Name	
			-					
Describe data a lucasura				Describe selections	h:- 4- · · · · /O			
Provide dates known.				Provide relations  Neighbor		neck all that ap ociate 🛮 Fri		
From Date (Month/Year)	st. To Date	e (Month/Year)	≘st.	☐ Schoolmate				
Provide the following contact infor	mation for this	s person.						
Home Telephone Number	Day 🗖	Cell/Mobile Telepho	ne Num	ber Day		Work/Alternati	ive	Day 🗖
/	Night $\square$	( )	110 110111	Night		/ \		Night $\square$
Provide e-mail address for this pe		( )		Nigit	_	( )		Night -
1 Tovide e maii address for this pe	13011.							☐I don't know
Provide street address for this per	rson (including	apartment number)	Include	city state and zin	code			I don't know
Trovido di doc dadi doc for ano por	ioon (inicidaning	aparamont namoor).		only, otato, and hip				
F-4-: #2								
Entry #3 Last Name		First Name	<u>ء</u>				Middle Name	
Lastranio		T HOC TRAINS	•				madio Hamo	
5 11 14 1				I =				
Provide dates known.				Provide relations  Neighbor		neck all that ap ociate <b>□</b> Fri		
From Date (Month/Year)	st. To Date	e (Month/Year)	Est.	☐ Schoolmate		ociale <b>L</b> Fii	enu	
Provide the following contact info	mation for this	nercon						
Home Telephone Number	Day   Day		no Nuss	ber Day		Work/Alternati	ivo	Day $\square$
/ \	·	Cell/Mobile Telepho	iic iyuill	•		/ \	IVC	· —
Provide e-mail address for this pe	Night 🗖	] ( )		Night		( )		Night $\Box$
i Tovide e-mail address for tills pe	iouii.							☐I don't know
Provide street address for this per	rean (including	anartment number\	Include	city state and zin	rode			■1 don't know
1 TOVIDE SUBEL AUDIESS IOI IIIIS PE	our (moluumg	apartinent number).	moluue	ony, state, and zip	ooue.			

Last Name		First Name		Middle Name		Jr., II, etc.	Last 4 - Social S	Security Num	ber
Police Re	cord - For this	s section, report inforn	nation regard	dless of whether	you be	elieve the re	cord in your case has	been sea	led,
		stricken from the cour							
		stances Act for which					the authority of 21 U.S	S.C. 844 o	r 18
		o include all incidents have you been arreste					other type of law	YES	NO
		uding tribal law enforc			III, IIIaI	Silai Oi aliy	other type or law		
		have you been charge							NO
	•	onvictions or sentence	es in any fede	eral, state, local,	militai	ry, tribal, or	non-U.S. court, even		
previously	listed on this	ioiii).							
14. In the	last 5 years	have you been or are	vou currently	on probation or	r parol	e?		YES	NO
			,	, p	, po	•			
45. 4		( ) 1 20 ( )							
15. Are yo	ou currently of	n trial or awaiting a tria	ai on criminai	cnarges?				YES	
If you have	e responded "	Yes" to any of the abo	ve questions	s in this section,	explai	n your answ	ver(s) below providing	all reques	ted
information	n.	·			·	•	., .	·	
Question #	Month/Year	Offense	Actio	on Taken		Arresting Law	Enforcement /Military Age	ency	State
	1		I		1			L	
Illegal Use	e of Drugs ar	nd Drug Activity – We	e note, with	reference to thi	is sec	tion, that n	either your truthful r	esponses	or
		om your responses t				•	· ·		
		s particular section, t							
		ree Affiliated Tribes.	_			-	e of drugs or controlle	ed substan	ice
		rith federal laws, even							
		have you illegally use						YES	NO
	•	cting, snorting, inhaling	g, swallowing	g, experimenting	with c	or otherwise	consuming any		
	ntrolled subst	ances. have you been involv	ad in the iller	ad purchase me	anufaa	turo troffiol	ring production	VEC	NO
		•		•	anuiau	iture, tramcr	arig, production,	YES	NO
transfer, shipping, receiving, or sale of any drug or controlled substance?								Ц	
If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and									
		to the above questions r your involvement.    E							
narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturate methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate									
	lear, juice) or	,	, ,	,,		\ 1	.,,	,	,,
Month/Year	Month/Year	Controlled Substance U	sed				Number of Times U	Ised/Involve	ment
To									
	□Est								
Month/Year		Controlled Substance U	sed				Number of Times U	Jsed/Involve	ment
	To □Fst								

**Questionnaire Continuation** 

	Quest	ionnaire Continuatio	n			
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social S	ecurity Numb	er
10 In the leat F 1	a van lakautianallu aaana 11	the minute of the '	المسلم	un mondle f	VEO	NO
	ve you intentionally engaged in		otion drugs,	regardless of	YES	NO
whether or not the drugs we	ere prescribed for you or some	one eise?				
Month/Year Month/Year If	you responded "Yes" to the above qu	action in this saction, provide	do the preserin	tion drug that you misusoo		
To	you responded thes to the above qu	estion in this section, provid	ae the prescrip	nion drug mat you misused	ı	
□Est						
	cumstances of the misuse of the presc	ription drug				
	ametaness of the inicass of the proces	inputori arag				
	e this space below (or separate					
include your name and last	four numbers of your social se	curity number at the to	p of each b	lank sheet. Before e	ach answe	r,
identify the number of the q	uestion/item. To ensure clarity	, maintain sequential o	order of que	estions and question for	ormat.	

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, <u>and then</u> sign and and the attached release(s).	date the following certification
Certification	
My statements on this form, and on any attachments to it, are true, complete, and contained and belief and are made in good faith. I have carefully read the foregoing instructions to that a knowing and willful false statement on this form can be punished by fine or imprise understand that intentionally withholding, misrepresenting, or falsifying information religibility for a public trust position, employment prospects, credentialing, or job state revocation of my credentials, or my removal and debarment from employment with Matthe Three Affiliated Tribes.  I understand my right to obtain a copy of any national criminal history report made a Arikara Nation of the Three Affiliated Tribes, and/or Personnel Security Consultants, in accuracy and completeness of any information contained in the report.	o complete this form. I understand sonment or both (18 U.S.C. 1001). may have a negative effect on my tus, up to and including denial or andan, Hidatsa & Arikara Nation of vailable to the Mandan, Hidatsa &
Signature Printed Name	Signature Date (mm/dd/yyyy)
Enter you Social Security Number before going to the next page	•

## 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