Questionnaire for Designated Vulnerable Adult 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 / VOLUNTEER:							
Signature:	Signature Date:						
Printed Name:							

Questionnaire for Designated Vulnerable Adult Positions

1. Full Name											
Last Name			First I	Name				Middle Na	me	J	r., II, etc
									•		
2. Other Names U	sed – Maidei	n name, fi	rom a form	ner ma	rriage, a	lias(s), or	nickname(s).	If you have	e responded 'Y	es" to h	aving
used other names,		other nan	ne(s) used	l and t	he reaso	n why the	name change	d.	·		
Have you used any other	r names?									YE	S NO
Name					Provide the	ne reason(s)	why the name ch	anged and t	imeframe		
N					D :1 0	()		1 10	. ,		
Name					Provide ti	ne reason(s)	why the name ch	anged and t	imetrame		
3. Date of Birth							4. Social Se	curity Nu	mber		
Month 00	Day 00)	Year	0000							
5. Driver's License	No.				lace of I	3irth	1				
No.:		State Issu	ued:	City				County		S	tate
7. Your Contact In		Provide y	our contac	ct infor	mation.	Email add	lresses may be	e used as	a contact meth	od and	to
identify subjects in r					Т	144 1 /41					
Personal/Home Email A	ddress					Work/Alter	native Email Addr	ess			
								1			
Home Telephone Numb	er	Day	Cell/N	Mobile T	elephone	Number	Day 🗖	Work/Alter	rnative		Day 🗖
()		Night)			Night \square	()			Night \square
8. Where You Hav											
Residence for the e											
Office box. If you spresidence before yo											
locations of less that								iy. Tou ai	e not required	נט וואנ נפ	5111porary
				, oa. p			9 444, 555,				
Enter Residence Ir											
#1 - Provide dates of		_					Is this resider	200:			
From Date (Month/Year)	L	Est. T	o Date (Mon	th/Year)		Owned		Rented or	loocod	by you
							Military	, ,	Other_	leaseu	by you
Street Address						City	L ivilitary	nousing	State State	Zip code	<u> </u>
5350171441000						3.0,			0.0.0	p 0000	•
La Alan mana'i La 199	ata an I P	D 1	C 1 // II	- 0	9	<u> </u>	D			—	
is the residence with	Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?										
If yes, list:											
Cor	mmunity, State										

		Questi	onnaire Contin	uation					
Last Name	First Name		Middle Name	Jr.,	II, etc.	L	ast 4 - Social Se	curity Numb	er
				l l		<u>I</u>			
Where You Have Lived –	Continued								
#2 - Provide dates of residence.									
From Date (Month/Year)	□Est.	To Date (Month/Year)	□ Es	st. Is this	residen	ce:			
,		,		□0	wned l	by you	Rented o	r leased b	y you
					lilitary l	housing	Other		
Street Address			City				State	Zip code	
Is the residence within an Ir	ıdian Reser	vation, Village, Con	nmunity, Ranche	ria or Pue	blo?			□Yes	□ No
If yes, list:									
Community,	State								
#3 - Provide dates of residence.				1					
From Date (Month/Year)	☐Est.	To Date (Month/Year)	□ E:	SI.	residen				
					wned l	, ,	Rented o	r leased b	y you
Street Address			City		lilitary l	housing	Other	Zip code	
Street Address			City				State	Zip code	
								_	_
Is the residence within an Ir	idian Reser	vation, Village, Con	nmunity, Ranche	ria or Pue	blo?			Yes	■ No
If yes, list:Community,	Ctata								
Community, s	State								
#4 D :: 1 1									
#4 - Provide dates of residence.	□Est.	T- D-4- (M44-0/)		⊥ Is this	residen	ce:			
From Date (Month/Year)	L ESt.	To Date (Month/Year)		SI	wned I		Rented o	r leased b	v vou
						housing	Other		, ,
Street Address			City	1 —			State	Zip code	
Is the residence within an Ir	ıdian Reser	vation Village Con	nmunity Ranche	ria or Pue	hlo?			Yes	□ No
	Idian Noooi	vation, villago, con	initiality, realione	714 01 1 40	010.			103	
If yes, list:Community, \$	State								
4,									
#5 - Provide dates of residence.									
From Date (Month/Year)	□Est.	To Date (Month/Year)	□ Es	st. Is this	residen	ce:			
(,		(wned l	by you	Rented o	r leased b	y you
					lilitary l	housing	Other		
Street Address			City				State	Zip code	
Is the residence within an Ir	idian Reser	vation, Village, Con	nmunity, Ranche	ria or Pue	blo?		•	Yes	□ No
If yes, list:			•						
Community,	State								

		Questi	onnaire Continuatio	n			
Last Name	First Name		Middle Name	Jr., II, etc.	l	Last 4 - Social Security Num	ber
9. Where You Went to Sc	hool – Do r	not list education before	fore your 18th birthday	, unless to p	orovide a	a minimum of two years	of
education history.			·	· · ·		•	
Have you received a degre	e or diploma	a in the last 5 years	?				
riare year received a degre			•				
Пу П N . //б							
Yes No (If no, pr		<u> </u>					
If yes, provide the following		tendance and reque	sted information.				
#1 - Provide dates of attendance.							
From Date (Month/Year)	☐Est.	To Date (Month/Year)	□Est.	Select the mos	st appropri	ate description of your school	
,		,		☐High Sch	nool	☐Vocational/Technic	cal/Trade
					Universit	ty D Online/Distance S	chool
Provide the name of the school.				— Conlege/	OTHVCTSH	y = Offilino/Distance of	011001
Trovide the name of the school.							
Provide the street address of the	school. For C	nline/Distance school, p	rovide the address where	the records are	e maintaine	ed.	
Street Address (Include city, state	e, and zip code	e)			Telephon	ie No.	
					()		
Did you receive a degree/d	·		yes, provide type of o	degree(s)/dip	oloma(s)	received and date(s) av	warded.
Choose one:		Major/Focus:				Date awarded	□Est.
☐ Degree ☐ Attendance	•					(Month/Year)	
☐ Diploma ☐ Other (Expla	nin)						
#2 - Provide dates of attendance.							
From Date (Month/Year)	☐Est.	To Date (Month/Year)	□Est.	Select the mos	st appropri	ate description of your school	ol.
· · · · · · · · · · · · · · · · · · ·		10 2010 (1110111111111111111111111111111		☐High Sch	nool	☐Vocational/Technic	cal/Trade
					l Iniversit	ty D Online/Distance S	
Provide the name of the school.				— Conlege/	OTHVCTSH	y = Offilino/Distance of	011001
Trovide the name of the school.							
Provide the street address of the	school. For C	nline/Distance school, p	rovide the address where	the records are	maintaine	ed.	
Street Address (Include city, state					Telephon		
					()		
Did you receive a degree/d	iploma? L	Yes 🗖 No If	yes, provide type of o	degree(s)/dip	oloma(s)	received and date(s) av	warded.
Choose one:		Major/Focus:				Date awarded	□Est.
☐ Degree ☐ Attendance	Only					(Month/Year)	
☐ Diploma ☐ Other (Expla	nin)						
#3 - Provide dates of attendance.							
From Date (Month/Year)	☐Est.	To Date (Month/Year)	□ Est.	Select the mos	st appropri	ate description of your school	ol.
Tom Bate (Months Foat)		To Bato (Monthly Fool)		☐High Sch	nool	☐Vocational/Technic	cal/Trade
						ty □ Online/Distance S	
Duranida tha nama af tha ask as				L College/	Universi	ly L Online/Distance S	CHOOL
Provide the name of the school.							
Provide the street address of the	school For C	Inline/Distance school in	rovide the address where	the records are	maintain	2d	
Street Address (Include city, state			TOVIGO (TIC GGGTC33 WITCIC	the records are	Telephon		
(,	,				-	
					()		
					` /		
Did you receive a degree/d	iploma?	Yes No If	yes, provide type of o	degree(s)/dip	oloma(s)	received and date(s) av	warded.
Choose one:	•	Major/Focus:		. , , ,	. ,	Date awarded	□Est.
☐ Degree ☐ Attendance		•				(Month/Year)	■ESt.
Diploma D Other (Evole	•						1

10. Employment Activities - List all of									
period must be accounted for without								ding scho	ol." Do
not list employment before your 18th b	irthday ι	ınless to pro	vide a mi	nimum of 2	years em	ployment hist	ory.		
Entry #1 – Select your employment activity. Employer Name:									
Employer Name.									
☐ Active Military		☐ Other Federa	al Employm	ent		■ Self-emplo	yment		
☐ Federal Contractor		■ State Govern				■ Unemployr	nent		
□ National Guard/Reserve		■ Non-governm			Coloot the	Other employment sta	tuo		
From Date (Month/Year)	To Dat	te (Month/Year))	□Est.					
					☐Full-ti		art-time		
Provide your assigned duty station during this	period. (C	City and State)		Provide your	most recen	t position title.			
Street Address				City			State	Zip code)
Talanhana Numban				Λ (4 a ma a 4 a . Τ a	lambama Ni				
Telephone Number				Alternate Te	iepnone ivui	mber			
Provide the name of your supervisor	or.								
Last Name		First Name					Position Title		
Drovide the following contact information for th	io nomon								
	Provide the following contact information for this person.								
•	Home Telephone Number Day Day Cell/Mobile Telephone Number Day Work/Alternative Day Day								
() Night)		l	Night 🔲	()			light 🔲
Provide e-mail address for this person.								☐I dor	n't know
Provide street address for this person (including	ıg apartme	ent number). In	clude city,	state, and zip	code.				
• •	•	,	•	, ,					
For this employment, in the last 7 years did yo		a writtan warni	ina haan at	ficially reprime	andad ayan	andad ar diaainli	and for minor	aduat in the	workalaaa
			-		-	-	_		No No
such as a violation of policy or were you the su	ibject of a	n Internal Affair	's inquiry or	administrative	nvestigatio	on based on alle	gations?	Yes	■ No
If Yes, provide the reason(s) for being warned,	repriman	ded. suspende	d. discipline	ed or reviewed	under inqui	rv or investigation	n.	Date: (Mor	nth/Year)
3		,	.,			,		(, ,
5 (1)				O F: 1 ::	6 1 : 1		C 1101		
For this employment have any of the following		•	•		•			•	ement
including charges or allegations of misconduct	, left by m	utual agreemer	nt following	notice of unsa	tisfactory pe	erformance.	Yes \square	No	
Select your type of incident:	F	Reason:					Employment	Departure	Date:
Fired		Provide the reas	son fired.						Est.
Fired							(Month/Year)	∟ ESI.
Ouit after bairs told you would be f	ing al F	Provide the reas	son.				/Manth Man	۸	□Est.
Quit after being told you would be f	irea ·						(Month/Year)	■ESt.
The first bound of the second	. F	Provide the char	rges or alle	gations.			/Mantle N/	۸	
Left by mutual agreement following charges or allegations of misconduct.	' ['		J-1 3. S.10;	J			(Month/Year)	■Est.
If no longer employed, provide the specific rea	son vou le	oft the employm	ent activity	:			l		
Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?									
If yes, list:									
Community, State									

Questionnaire Continuation

Middle Name

Jr., II, etc.

Last 4 - Social Security Number

Last Name

First Name

		Questi	onnaire	Continuation	1				
Last Name	First Name		Middle Na	ame	Jr., II, etc.	La	st 4 - Social Se	curity Numb	er
Employment Activities - C	ontinued								
Entry #2 – Select your employmen	nt activity.								
Employer Name:									
☐ Active Military		□ Other Federa	l Employm	ont		■ Self-employ	mont		
☐ Federal Contractor		☐ State Govern		CIIL		☐ Unemployn			
■ National Guard/Reserve		■ Non-governm	nent employ			□ Other			
From Date (Month/Year)	■Est. To [Date (Month/Year))	— ∟3ι.		mployment sta			
					☐ Full-tin	ne ∟ Pa	rt-time		
Provide your assigned duty station	during this period.	(City and State)		Provide your r	nost recent	position title.			
Street Address				City			State	Zip code	
				-					
Telephone Number				Alternate Tele	nhone Num	her			
relephone Number				/ itomato roto	priorio riurii	DCI			
Provide the name of your	supervisor.								
Last Name		First Name				F	Position Title		
Provide the following contact infor	mation for this perso	on.				I			
Home Telephone Number	Day \square	Cell/Mobile Tele	phone Num	nber [Day 🗖	Work/Alternati	ve	[Day \square
()	Night \square	()			ght 🗖	()		Ni	ght 🗖
Provide e-mail address for this per		(/			3··· [\ /		□I don	
Trovide e mail address for this per	13011.							— 1 doi:	TRIIOW
Provide street address for this per	son (including apart	ment number). In	clude city,	state, and zip co	ode.				
For this employment, in the last 7	vears did you recei	ve a written warni	ng, been of	ficially repriman	ded, susper	nded or discipli	ned for miscond	duct in the v	orkplace,
such as a violation of policy or we	-		-		-	· ·	_		No
					-				
If Yes, provide the reason(s) for be	eing warned, reprim	anded, suspended	d, discipline	ed or reviewed u	nder inquiry	or investigatio	n. [Date: (Mont	:h/Year)
For this employment have any of t	he following happer	ned to you in the la	ast 7 years	? Fired, quit af	ter being to	d you would be	e fired, left by m	utual agree	ment
including charges or allegations of	f misconduct, left by	mutual agreemer	nt following	notice of unsatis	sfactory perf	formance.	Yes 🗖 N	lo	
0 1 1 1 1: 11 1							- · · ·	<u> </u>	
Select your type of incident:		Provide the reas	on fired	Reason:			Employment [Departure D	_
Fired		Trovide the read	on mea.				(Month/Year)		□Est.
П оіхж ki kl-l		Provide the reas	son.				/M = = 41= /M = = =/		□Est.
☐ Quit after being told you	would be fired						(Month/Year)		■ESt.
Left by mutual agreemer	at following	Provide the char	ges or alleg	gations.			(Month/Year)		□Est.
charges or allegations of mi	•						(IVIOITIII/Teal)		ESI.
If no longer employed, provide the		left the employm	ent activity:						
In the count of the count		D (' '	/:II C	" =		- D		Пу	
Is the employment location	within an Indian	keservation, V	ıııage, Co	ommunity, Ra	incheria o	r Pueblo?		□Yes	□ No
If yes, list:									
Community, S	State								

		Questi	ionnaire	Continuation	on				
Last Name	First Name		Middle Na	ame	Jr., II, etc.	. La:	st 4 - Social Se	curity Numb	er
Employment Activities - C	ontinued.								
Entry #3 – Select your employmen	nt activity.								
Employer Name:									
☐ Active Military		□ Other Federa	al Employm	ent		☐ Self-employ	ment		
□ Federal Contractor		☐ State Govern	ment			■ Unemployn			
■ National Guard/Reserve	□Est. T	□ Non-governm			Select the e	Otheremployment star	tus:		
From Date (Month/Year)	L EST. □	o Date (Month/Year))	□Est.	☐Full-tin		rt-time		
Provide your assigned duty station	n during this perio	d. (City and State)		Provide your	most recent	position title.			
Street Address				City			State	Zip code	
Telephone Number				Alternate Tel	lephone Num	ber			
Provide the name of your	supervisor.								
Last Name		First Name				F	Position Title		
Provide the following contact infor		rson.							
Home Telephone Number	Day 🗖	Cell/Mobile Tele	phone Nun		Day 🗖	Work/Alternation	ve		Day 🗖
()	Night \square	()		N	Night 🔲	()		Ni	ight 🗖
Provide e-mail address for this per	rson.							☐I don	't know
Provide street address for this per	son (including ap	artment number). In	clude city.	state, and zip o	code.				
•	(0 1	,	<i>,</i>	, ,					
For this employment, in the last 7	years did you red	ceive a written warni	ng, been of	fficially reprima	inded, suspe	nded or discipli	ned for miscond	duct in the v	vorkplace,
such as a violation of policy or we	re you the subject	t of an Internal Affair	s inquiry or	administrative	investigation	n based on alleg	gations?	Yes 🗖	No
If Yes, provide the reason(s) for be	oing warned room	imandad suspanda	d disciplina	od or roviowod	under inquin	or investigation	n [Date: (Mon	th/Voor)
in res, provide the reason(s) for be	eilig warrieu, repr	imanueu, suspenuet	u, uiscipiirie	ed of Tevlewed	under mquiry	or investigation	" '	Jale. (IVIOII	III/ I eai)
For this employment have any of t	the following han	ened to you in the Is	aet 7 vears	2 Fired quit:	after heing to	ıld you would be	a fired left by m	utual agree	ment
including charges or allegations of	•	•	-	•	•	·	. · · · <u>- · ·</u>	•	inone
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Select your type of incident:		Provide the reas	on fired	Reason:			Employment I	Departure D	
Fired		Trovido aro rodo	orr mod.				(Month/Year)		□Est.
Quit after being told you	would be fired	Provide the reas	son.				(Month/Year)		□Est.
							,		
Left by mutual agreemer		Provide the char	rges or alle	gations.			(Month/Year)		☐Est.
charges or allegations of mill fino longer employed, provide the		ou left the employm	ent activity	:					
		, 23 ioit and employin	adarity	-					
Is the employment location	within an India	n Reservation. V	/illage. Co	ommunity. R	tancheria d	or Pueblo?		Yes	□ No
If yes, list:		, •	J-, J-	···- y , • ·					
Community, S	State								

	Questionnaire Continuation								
Last Name	First Name			Midd	le Name	Jr., II, etc.	La	st 4 - Social Secu	rity Number
11 Personal Personas	_ Provide th	ree nec	nle who kno)W W	u well and live i	n the IIS	They shoul	d he good frie	nde neere
	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									
relatives.	you oovoio t	at loudt l	ino laot o y	cui o.	Do not provido	arry or to tho	od oloowilo		1 01 01000
Entry #1									
Last Name			First Name					Middle Name	
Provide dates known.					Provide relations	hin to you (Ch	ack all that ar	l noly)	
From Date (Month/Year)	t To Doto	(Month/Y	rear)	·+			ociate 🗖 Fri		
From Date (World)	st. 10 Date	(IVIOTILII/ I	eai) LS	ot.	■ Schoolmate	□ Other			
Provide the following contact infor	mation for this	person.			l				
Home Telephone Number	Day \square	Cell/Mo	bile Telephone	e Numl	per Day		Work/Alternati	ive	Day 🗖
()	Night \square	()		Night		()		Night \square
Provide e-mail address for this pe		\	/		9		\ /		
·									☐I don't know
Provide street address for this pe	rson (including	apartmer	nt number). In	clude (city, state, and zip o	code.			
Entry #2									
Last Name			First Name					Middle Name	
Provide dates known.					Provide relations	hip to you (Ch	neck all that ar	l (vlac	
From Date (Month/Year)	st To Date	(Month/Y	rear)	st	■ Neighbor	■ Work Ass	ociate 🗖 Fri		
	7t. To Build	(1110111111111	ou., <u> </u>		□ Schoolmate	□ Other			
Provide the following contact infor	mation for this	person.							
Home Telephone Number	Day 🗖	Cell/Mo	bile Telephone	e Numb	per Day		Work/Alternat	ive	Day 🗖
()	Night \square	()		Night		()		Night \square
Provide e-mail address for this pe	rson.								
									☐I don't know
Provide street address for this per	rson (including	apartmer	nt number). In	clude	city, state, and zip o	code.			
Entry #3									
Last Name			First Name					Middle Name	
Provide dates known.			l		Provide relations	hip to you (Ch	eck all that ap	pply)	
From Date (Month/Year)	st. To Date	(Month/Y	'ear) 🗖 Es	st.			ociate 🗖 Fri	end	
,		`	,		■ Schoolmate	☐ Other			
Provide the following contact infor		person.							
Home Telephone Number	Day 🗖	Cell/Mo	bile Telephone	e Numb	per Day		Work/Alternat	ive	Day 🗖
()	Night \square	()		Night		()		Night \square
Provide e-mail address for this pe	Provide e-mail address for this person.								
									☐I don't know
Provide street address for this per	rson (including	apartmer	nt number). In	clude	city, state, and zip o	code.			

Last Name		First Name Middle Name Jr., II, etc. Last 4 - Social Security Number							
				•					
Police Rec	ord - For this	section, report inform	ation regard	dless of whether	you be	elieve the r	ecord in your case has	been sea	led,
							ed not report conviction		
							the authority of 21 U.S	.C. 844 oı	18
		nclude all incidents v					i i		l NO
12. In the last 5 years have you been arrested, charged with, convicted of, or sentenced for a crime in any court? YES									
(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).									
court, even	ii previousiy ii	sica on this form).							
13. In the last 5 years have you been arrested for or charged with a crime involving a child or offenses committed YES								NO	
against chil	•	,		Ü		J			
	•	ave you been arreste	d for or char	rged with a viole	nt crim	ne or an offe	ense(s) committed	YES	NO
against and	other person?								
15 In the I	ast 5 years ha	ave you been arreste	d for or char	rged with any off	onsole	s) related to	alcohol or drugs?	YES	NO
10. 111 (110 1	ast o years no	ive you been aneste	a for or orial	god with driy on	01100(0	s) related to	alcorlor or drugs:		
16. Are yo	u currently on p	probation or parole?						YES	NO
17. Are you currently on trial or awaiting a trial on criminal charges? YES							NO		
If you have	roopended "V	oo" to any of the above	vo augotions	in this postion	oveloi	n vour once	ver(s) below providing	all reques	
information		es to any or the above	ve questions	s iii iiiis seciioii,	expiali	ii your ansv	ver(s) below providing	ali reques	leu
Question #	Month/Year	Offense	Actio	on Taken		Arresting Lav	v Enforcement /Military Ager	ncv	State
Quodion n	WOTHIN TOUT	CHOILEG	71000	on ranon		7 thoothing Lav	Emorocimone/wintary rigor	ioy	Olulo
							ner your truthful respon		
							quent criminal proceed		
							ribe / Tribal Organizatio		
questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.									
							NO		
substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.									
							NO		
transfer, shipping, receiving, or sale of any drug or controlled substance?									

Questionnaire Continuation Middle Name

Questionnaire Continuation								
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social S	Security Numb	er		
Illegal Use of Drugs and	Drug Activity – Continued							
times used or your involve (opium, morphine, codeine methaqualone, tranquilize steroids (clear, juice) or of		(marijuana, weed, has nines, speed, crystal m	shish, etc.); eth, ecstas	cocaine; crack cocai y); depressants (barb , jet); inhalants (tolue	ne; narcotic iturates, ne, amyl ni	s trate);		
Month/Year Month/Year To ☐ Est	Controlled Substance Used Number of Times Used/Involvement							
Month/Year Month/Year To □ Est	Controlled Substance Used	Controlled Substance Used Number of Times Used/Involvement						
20. In the last 5 years, h	ave you intentionally engaged in were prescribed for you or somed		otion drugs,	regardless of	YES	NO		
Month/Year Month/Year To ☐ Est	If you responded "Yes" to the above que	estion in this section, provic	de the prescrip	tion drug that you misuse	d			
Provide the reason(s) for and ci	rcumstances of the misuse of the prescr	ription drug						
include your name and las	lse this space below (or separate st four numbers of your social se question/item. To ensure clarity	curity number at the to	p of each b	lank sheet. Before e	ach answe			

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 date the following certification and the attached release(s).

and the attached release(s).		
	Certification	
and belief and are made in good that a knowing and willful false s and Mandan, Hidatsa & Arikara withholding, misrepresenting, or vulnerable adult position, employ	faith. I have carefully read the forestatement on this form can be punish. Nation of the Three Affiliated Trip falsifying information may have yment prospects, credentialing, or	e, complete, and correct to the best of my knowledge going instructions to complete this form. I understand shed by fine or imprisonment or both (18 U.S.C. 1001 bes internal policies. I understand that intentionally a negative effect on my eligibility for a designated job status, up to and including denial or revocation of with Mandan, Hidatsa & Arikara Nation of the Three
Arikara Nation of the Three Affil		tory report made available to the Mandan, Hidatsa & urity Consultants, Inc., and my rights to challenge the ort.
Signature	Printed Name	Signature Date (mm/dd/yyyy)
Enter you Social Security Number	er 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 vulnerable adult 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