## Pre-Employment/Investigation Disclosure Notice

### PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorize	zation considered between:
Applicant/Employee Name	
and Sisseton Wahpeton Oyate, the Sisseton-Wahpeton Law Enfordrom outside sources to include Consumer Reporting Agency(s) ("consumer reports" and "investigative reports" which may include reputation, personal characteristics and mode of living, and which casuch as your supervisors, former supervisors, neighbors, friends, public records (including national criminal records), driving history and education verifications, worker's compensation (if applicable), etime after receipt of your authorization. You have the right, upon notice, to request disclosure of the nature and scope of an investigate dispute information that you believe is inaccurate or incomplete Consumer Rights under the Fair Credit Reporting Act.  Additional notice: 25 CFR 12, Section 231 of the Crime Control Act 2 United States Code § 13041), Public Law 101-630 (codified in designated child care positions to have a national criminal history record condition of employment. Depending on your position, you may routinely as every year but at least every five years as a condition of employment.	information about your character, general involve personal interviews with source or associates. Reports may also contain information, consumer credit, employments. These reports may be obtained at any written request made after receipt of this ative consumer report. You have the right Attached is a copy of the Summary of the Summary of the Summary of the States Code § 3207) requires the story record check and designated laws the states and a financial record check as a
APPLICANT / EMPLOYEE:	
Signature:	Date:
Printed Name:	And the control of th
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### Instructions for Completing This Form

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
- 3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
- 4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 5. For telephone numbers in the U.S., ensure that the area code is included.
- 6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

#### **Penalties for Inaccurate or False Statements**

[INERT TRIBE OR TRIBAL PROGRAM]' internal policies and it is noted that the U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

### **Disclosure Information**

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with [INERT TRIBE OR TRIBAL PROGRAM]' privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the [INERT TRIBE OR TRIBAL PROGRAM]' privacy procedures. You will not receive prior notice of such disclosures under routine use.

### Questionnaire for Designated Child Care/Public Trust Positions

Persons completing this form should begin with the questions below after carefully reading the preceding instructions. I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify YES NO information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment from employment. 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 NO Name Provide the reason(s) why the name changed Name Provide the reason(s) why the name changed 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: Citv 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 🔲 Cell/Mobile Telephone Number Day . Work/Alternative Day 🛄 Night 🔲 Night \_\_\_ Night \_\_\_ 8. Where You Have Lived - List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence; not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address. Enter Residence Information -#1 - Provide dates of your **present** residence. L Fst. From Date (Month/Year) To Date (Month/Year) Is this residence: Owned by you Rented or leased by you Military housing Other Street Address City State Zip code Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? Yes □ No If yes, list: Community, State

			minaire Continuati				
Last Name	First Name		Middle Name	Jr., II, etc.	Last 4 - Social S	Security Numb	er
						- **	
Where You Have Lived -	Continued			1-			
#2 - Provide dates of residence.							
	Est.	To Data (Month Moor)	Est.	Is this residence:			
From Date (Month/Year)	<b>La</b> ESI.	To Date (Month/Year)	ESI.	L Owned by		or leased b	y you
				LiMilitary hou			
Street Address			City		State	Zip code	
		•					
Is the residence within an	Indian Reser	vation, Village, Com	munity, Rancheria	or Pueblo?		Yes	L No
If yes, list:				9 1			
Community	/, State						
#3 - Provide dates of residence.					:		
From Date (Month/Year)	Est.	To Date (Month/Year)	L.Est.	Is this residence:	·		
				Owned by	•	or leased b	y you
Street Address			City	Military hou	using Other_ State	Zip code	
Street Address			City	4	State	Zip code	
				- 4- 4-		55762	Nominal
Is the residence within an	Indian Reser	vation, Village, Com	munity, Rancheria	or Pueblo?		Yes	□ No
If yes, list:			<u> </u>	Ž.			
Community	/, State			<u>.                                     </u>			
				5			
#4 - Provide dates of residence.				Is this residence:			
From Date (Month/Year)	LEst.	To Date (Month/Year)	Est.	Owned by		or leased b	V VOLL
				Limitary ho		or readed b	y you
Street Address			City		State	Zip code	
				and the contract of the contra	-		
Is the residence within an	Indian Reser	vation Village Com	munity Rancheria	or Pueblo?		LYes	I No
	main recor	valion, vinago, com	manity, realionolla	or r doblo:		Beer I Co	itzenski INO
If yes, list: Community	, State		· · · · · · · · · · · · · · · · · · ·				<del></del>
				). 6			
#5 - Provide dates of residence.				Ç			
From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	Is this residence:			
(		,		Owned by	you <b>L</b> Rented	or leased b	y you
				Military ho	using <b>D</b> Other_		
Street Address			City		State	Zip code	
				3			•
Is the residence within an	Indian Reser	vation, Village, Comi	munity, Rancheria	or Pueblo?		Yes	_ No
If yes, list:	e de la companya del companya de la companya del companya de la co						
Community	, State			P.	· · · · · · · · · · · · · · · · · · ·		

		Quest	ionnaire Continuat	ion			
Last Name	First Name		Middle Name	Jr., II, etc.		ast 4 - Social Security Num	her
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			1				
		<u> </u>	f (0), 1 i (1 )	£.			
9. Where You Went to Sc	<b>hool</b> – Do r	not list education be	etore your 18th birthd	ay, unless to p	provide a	minimum of two years	of
education history.					<del></del> .		
Have you received a degre	e or diploma	a in the last <b>5 years</b>	i?				
				¥ .			
Yes No (If no, pr	oceed to ne	xt question.)					
If yes, provide the following	dates of at	tendance and reque	ested information.				
#1 - Provide dates of attendance.							
From Date (Month/Year)	LEst.	To Date (Month/Year	) Est.	Select the mos	t appropria	ate description of your school	ol.
1 Tom Date (World Feat)	Essa Cot.	To Bato (Monthly Foat)	)	High Sch	nool	☐Vocational/Techni	cal/Trade
				1 , "		y <b>L</b> Online/Distance S	
Provide the name of the school.		L		- Conege/	JIIIVEISIL	y La Offiline Distance 3	CHOOL
				:			
Provide the street address of the			provide the address where	re the records are	maintaine	ed.	
Street Address (Include city, state	e, and zip code	e)			Telephon	e No.	
					( )		
					( )		
Did you receive a degree/di	inloma?	Yes D No If	ves provide type o	f degree(s)/din	loma(e)	received and date(s) a	worded
Choose one:	1	Major/Focus:	yes, provide type of	i degree(s)/dip	ioma(s)	Date awarded	1
Degree  Attendance	1	najom oodo.				(Month/Year)	Est.
☐ Diploma ☐ Other (Expla	- 1						
				ģ.			I
#2 - Provide dates of attendance.				: :			
		T D ( //A // A/	) Est.	Select the mos	t appropri	ate description of your scho	<u>J</u>
From Date (Month/Year)	Est.	To Date (Month/Year)	) LSt.	High Sch		Vocational/Techni	
			· · · · · · · · · · · · · · · · · · ·	LICollege/	Jniversit	y Online/Distance S	chool
Provide the name of the school.							
Provide the street address of the	school, For O	nline/Distance school, p	provide the address when	re the records are	maintaine	ed.	
Street Address (Include city, state					Telephon		
,							
					( )		
Di I	in laura O Per						
Did you receive a degree/di	1		yes, provide type of	r degree(s)/dip	loma(s)	received and date(s) a	
Choose one:  Degree Attendance		Major/Focus:		i i		Date awarded (Month/Year)	Est.
1	· I					(World In Coar)	
Diploma Other (Expla	111)			<u> </u>			1
#3 - Provide dates of attendance.	DOTE N		Newton	l Calast the arrange		-1	,
From Date (Month/Year)	Est.	To Date (Month/Year)	Est.	1		ate description of your scho	
				High Sch		■Vocational/Techni	
				College/	Universit	y <b>D</b> Online/Distance S	chool
Provide the name of the school.			,	-			
	1 1 . 5 0	- II /DI-4		, , , , , , , , , , , , , , , , , , ,	. , .		
Provide the street address of the Street Address (Include city, state			provide the address whe	re the records are	maintaine Telephon		
Street Address (include city, state	, and zip code	7			reichmon	e no.	
					(		
	***						
Did you receive a degree/di	ploma?	Yes No If	yes, provide type o	f degree(s)/dip	loma(s)	received and date(s) a	warded.
Choose one:		//ajor/Focus:	· · · · · · · · · · · · · · · · · · ·		• • •	Date awarded	Est.
☐ Degree ☐ Attendance (	Only			<u> </u>		(Month/Year)	⊫⊒LSt.
Diploma Dother (Expla	in)						

Last Name	First Name		Middle N	Jr., II		c. L	ast 4 - Social Se	ecurity Number
10. Employment Activities	- List all of	your employment a	activities	beginning v	with the pre	esent and wo	orking back 5	years. The 5 year
period must be accounted for not list employment before y	or without br our 18 <sup>th</sup> birt	eaks. For periods of hday unless to pro	of unemp vide a m	oloyment, list inimum of 2	st dates and 2 years emp	d "unemploy ployment his	ed" or "attend tory.	ling school." Do
Entry #1 – Select your employmen Employer Name:	t activity.			- \				
☐ Active Military ☐ Federal Contractor ☐ National Guard/Reserve		☐ Other Federa☐ State Govern☐ Non-governm	ıment			☐ Self-empl ☐ Unemploy ☐ Other		· · · i
From Date (Month/Year)	Est.	To Date (Month/Year)		LEst.	Select the Full-ti	employment st	atus: art-time	
Provide your assigned duty station	during this per	iod. (City and State)		Provide you	r most recen	t position title.		
Street Address				City			State	Zip code
Telephone Number				Alternate Te	elephone Nun	nber		
Provide the name of your s	supervisor.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·				
Supervisor Last Name		First Name					Position Title	
Provide the following contact inform	nation for this p	erson.						
Home Telephone Number	Day L	_	phone Num		Day L	Work/Alterna	tive	Day L
Earthia ampleyment in the leaf E.	Night	l ( )			Night	( )		Night L
For this employment, in the last 5 y such as a violation of policy or were	you the subje	ct of an Internal Affairs	s inquiry or	administrative	e investigation	n based on alle	egations?	luct in the workplace, Yes
If Yes, provide the reason(s) for bei								Date: (Month/Year)
For this employment have any of th	e following hap	pened to you in the la	st 5 years	? Fired, quit	after being to	old you would b	e fired, left by m	utual agreement
including charges or allegations of r	misconduct, lef	t by mutual agreement	t following	notice of unsa	tisfactory per	formance.	Yes In	lo
Select your type of incident:		Reason:	, , ,				Employment [	Departure Date:
Fired		Provide the reaso					(Month/Year)	Est.
Quit after being told you w	ould be fired						(Month/Year)	Est.
Left by mutual agreement charges or allegations of misc	conduct.	Provide the charg					(Month/Year)	Est.
If no longer employed, provide th	e specific rea	son you left the empl	loyment ac	ctivity:				
e in					:			
Is the employment location w	ithin an India	an Reservation, Vil	llage, Co	mmunity, R	lancheria o	r Pueblo?		Yes No
lt. yes, list:								
Community, St	ate			-				

**Questionnaire Continuation** 

Questionnaire Continuation								
Last Name	First Name		Middle N	lame	Jr., II, e	etc.	Last 4 - Social S	ecurity Number
								The state of the s
Employment Activities - C	ontinued.							
Entry #2 – Select your employmer							<del></del>	
Employer Name:	it activity.		·-··					
					,			
☐ Active Military		☐ Other Federa	l Employm	nent		☐ Self-emp	Novment	
☐ Federal Contractor		☐ State Govern	ment			☐ Unemple		
□ National Guard/Reserve	general .	☐ Non-governm			Coloret the	☐ Other		
From Date (Month/Year)	LIEst.	To Date (Month/Year)		Est.	Select the	employment		
Dravida your assigned duty station	alumba w the large and			· · · · ·			Part-time	
Provide your assigned duty station	i during this pen	od. (City and State)		Provide you	r most recer	nt position title	•	
Street Address				City		· · · · · · · · · · · · · · · · · · ·	State	Zip code
Telephone Number		44.90		Alternate Te	lephone Nu	mber	-	
District de la constant de la consta	7							
Provide the name of your s	supervisor.	First Name	_					
Last Name		First Name					Position Title	
				1				
Provide the following contact inform	tormer.							
Home Telephone Number	Day 🔲	Cell/Mobile Telep	hone Num	ber	Day	Work/Alterna	ative	Day 🛄
( )	Night 🔲	( ' )		1	Vlight 🔲	( )		Night
For this employment, in the last 5 y	ears did you re	ceive a written warnin	ig, been of	ficially reprima	anded, susp	ended or disci	olined for miscon	duct in the workplace,
such as a violation of policy or were	e you the subjec	t of an Internal Affairs	inquiry or	administrative	investigatio	on based on al	legations?	Yes I No
If Yes, provide the reason(s) for be	ing warned ren	imanded suspended	dinginling	d or roullound	on day in a d			_
in roo, provide the reason(s) for be	ing warned, repr	imanueu, suspenueu,	, discipiilie	u or reviewed	unaer inquii	ry or investigat	ion.	Date: (Month/Year)
E (1)								
For this employment have any of the	e following happ	pened to you in the las	st 5 years	? Fired, quit a	after being t	old you would	be fired, left by m	nutual agreement
including charges or allegations of	misconduct, left	by mutual agreement	following r	notice of unsat	tisfactory pe	rformance.	Yes LI	No
Select your type of incident:				Reason:			Employment	Departure Date:
Fired		Provide the reaso				· · · · · · · · · · · · · · · · · · ·	(Month/Year)	Est.
							(Mortal/Tear)	hed EST.
Quit after being told you w	ould be fired	Provide the reaso	n.				(Month/Year)	LEst.
							(Workin rear)	mai ∟St.
Left by mutual agreement		Provide the charg	es or alleg	ations.			(Month/Year)	Est.
charges or allegations of misc	conduct.		·				(**************************************	ATRIBIA L.O.
If no longer employed, provide th	e specific reas	on you left the emplo	oyment ac	ctivity:				
Is the employment location w	ithin an India	n Reservation Vill	lage Co	mmunity D	ancharia a	or Duchlos	<u>,</u>	OYes ONo
		The state of the s	90, 001	miainty, IX	unonend (	or r debio?		Yes No
If yes, list: Community, Sta	 ate							

		Questionnaire	Continuat	ion				
Last Name	First Name	Middle N	e Name   Jr., II,		tc. I	ast 4 - Social S	Security Num	nber
Employment Activities C								
Employment Activities - C	ontinuea.							
Entry #3 – Select your employmer	nt activity.							
Employer Name:						<del>-</del>		
☐ Active Military		☐ Other Federal Employn	nent		☐ Self-empl	ovment		
☐ Federal Contractor		☐ State Government			☐ Unemploy			
☐ National Guard/Reserve	(Same)	☐ Non-government emplo	-	1 2	☐ Other			
From Date (Month/Year)	Est. To	o Date (Month/Year)	■Est.		employment st			
				Full-t	ime LIP	art-time		
Provide your assigned duty station	during this perior	d. (City and State)	Provide you	r most recer	nt position title.			· · · · · · · · · · · · · · · · · · ·
· ·		•						
Street Address		•	City			1011		
			City			State	Zip code	
	<u>:</u>							
Telephone Number			Alternate Te	lephone Nu	mber			
District the second					· · · · · · · · · · · · · · · · · · ·			
Provide the name of your s	supervisor.	Ter in						
Last Name		First Name				Position Title		
Provide the following contact inform	nation for this per	son.				· · · · · · · · · · · · · · · · · · ·		
Home Telephone Number	Day 🔲	Cell/Mobile Telephone Nun	nher	Day 🔲	Work/Alterna	tivo		
( )	Night 🔲	( )		·	/ \	uve		Day 🛄
For this employment, in the last 5 y	reare did you rec	eive a written warning been o	fficially require	Night 🔲	( )		N	ight 🔲
such as a violation of policy or war	cars ala you red	eive a witten warning, been o	incially reprima	andea, suspe	ended or discip	lined for miscor	w	_
such as a violation of policy or were	e you me subject	or an internal Attairs inquiry or	administrative	investigation	on based on alle	egations?	Yes _	No
If Yes, provide the reason(s) for bei	ing warned, reprir	nanded suspended discipling	ad or reviewed	under inquis	n or investigati		5	
, ,	ing namoa, ropin	nandou, ouopondou, discipline	ed of reviewed	unuei inquii	y or investigation	on.	Date: (Mon	th/Year)
For this employment have any of th	e following happe	ened to you in the last 5 years	? Fired, quit	after being to	old you would b	e fired, left by r	nutual agree	ement
including charges or allegations of r	misconduct, left b	y mutual agreement following	notice of unsa	tisfactory pe	rformance.	Yes I		
	· · · · · · · · · · · · · · · · · · ·			•				
Select your type of incident:			Reason:			Employment	Departure D	ate:
Fired		Provide the reason fired.				(Month/Year)	)	Est.
	··							MAN LOL.
Quit after being told you w	ould be fired	Provide the reason.				(Month/Year)	1	Est.
						(World b 1 Cal)		Emmadi⊏SI.
Left by mutual agreement	following	Provide the charges or alleg	gations.			(Month/Year)	<del>-,</del>	
charges or allegations of misc			•			(Month) real	)	LEst.
If no longer employed, provide th	e specific reaso	n you left the employment a	ctivity:			<u> </u>		
			-					1
Is the employment location wi					-			
To this original indictional wi	ithin an Indian	Reservation, Village, Co	mmunity, R	ancheria d	or Pueblo?	•	LIVes	NI.
If yes, list:	thin an Indian	Reservation, Village, Co	mmunity, R	ancheria d	or Pueblo?		Yes	☐ No

		Questionnai	ire Continuat	ion		
Last Name	First Name		e Name	Jr., II, etc.	Last 4 - Social	Security Number
						•
Employment Activities	Continued					
Entry #4 – Select your employr Employer Name:	nent activity.			ı		
Employof Name.				-		
☐ Active Military		☐ Other Federal Emplo	umont	;		
☐ Federal Contractor		State Government		i i i i i i i i i i i i i i i i i i i	elf-employment nemployment	
☐ National Guard/Reserve		■ Non-government emp		Ot	her _	
From Date (Month/Year)		Date (Month/Year)	█Est.	Select the employ Full-time	ment status:  Part-time	·
Provide your assigned duty stat	ion during this perio	d. (City and State)	Provide your	r most recent position		
				:		
Street Address			City	i	State	7:
				i	State	Zip code
Telephone Number			Alternate Tel	lephone Number		
290			7 illomate 16	rebuone Muniber		
Provide the name of you Last Name	r supervisor.					
Last Name		First Name			Position Title	
Provide the following contact info	armation for this par	200		i		
Home Telephone Number	Day			georgi		
/ )	Night	Cell/Mobile Telephone Nu		Mineral :	Alternative	Day
For this employment, in the last	5 vears did you rece	ive a written warning boon	officially ranges	light [ (	)	Night
such as a violation of policy or w	ere you the subject of	of an Internal Affairs inquiry of	or administrative	nded, suspended or investigation based	on allegations?	nduct in the workplace, Yes No
If Yes, provide the reason(s) for	being warned, reprin	nanded suspended disciplin	and or reviewed a	under inquire en la co		
	0		ica or reviewed (	under inddink ot inve	estigation.	Date: (Month/Year)
For this employment have any of	the following hanne	ned to you in the last F	-0 5 4	5		
For this employment have any of including charges or allegations of	of misconduct left by	mutual agrooment following	s? Fired, quit a	itter being told you v	vould be fired, left by r	
	— — — — — — — — — — — — — — — — — — —	mataar agreement tollowing	j notice of unsati	stactory performand	ce. LYes LI	No
Select your type of incident:			Reason:	1	Employment	Departure Date:
Fired		Provide the reason fired.			(Month/Year)	
		Dyorida th	·		(	
Quit after being told you	would be fired	Provide the reason.			(Month/Year)	Est.
Left by mutual agreeme	-4.6.W	Provide the charges or alle	agtions	· · · · · · · · · · · · · · · · · · ·		
charges or allegations of mi	it following	Trovido ino orialges of alle	galions.		(Month/Year)	LJEst.
f no longer employed, provide	the specific reasor	you left the employment	activity:	· · · · · · · · · · · · · · · · · · ·		
	•	· ·	convity.			
- H				:		
s the employment location	within an Indian I	Reservation, Village, Co	ommunity, Ra	incheria or Pueb	lo?	Yes No
yes, list:			-	1		
Community, S	State State					

	,	Questi	onnaire Conti	nuation			
Last Name	First Name		Middle Name	Jr., II, e	tc.	Last 4 - Social S	Security Number
		•					
	1					**	
Employment Activities - 0	Continued						
Entry #5 – Select your employme	nt activity.		-				
Employer Name:							
☐ Active Military		☐ Other Federal				employment	
☐ Federal Contractor☐ National Guard/Reserve		☐ State Governi ☐ Non-governm				nployment	
	Est. To		browns	.   Select the	Other employme		
From Date (Month/Year)	EST.   I	Date (Month/Year)		st.   Golder the		Part-time	
Drovido vous poigned duty statio	an advision as the last scale	d (0!t d 0!-!-)	15.				
Provide your assigned duty statio	n during this perior	a. (City and State)	Provid	e your most recei	nt position t	itle.	
Street Address			City			State	Zip code
							1
Telephone Number			Altern	ate Telephone Nu	mhor		
			Autom	ac releptione ru	HIDEI		
Provide the name of your	supervisor.		-		1.175		* 3
Last Name		First Name				Position Title	
Provide the following contact infor	mation for this nor	eon					
Home Telephone Number	Day <b>L</b>		shana Nivert		T		30003
riome relephone Number	•	Cell/Mobile Telep	none Number	Day 🛄	Work/Alt	ernative	Day
[ ( )	Night	( )		Night			Night
For this employment, in the last 5	years and you rec	eive a written warnin	g, been officially r	primanded, susp	ended or d		·
such as a violation of policy or we	re you the subject	of an Internal Affairs	inquiry or adminis	trative investigation	on based o	n allegations?	Yes No
If Yes, provide the reason(s) for bo	eing warned renri	manded suspended	disciplined or roy	owod under in au	m. m. laa.d		
ir res, provide the reason(s) for bi	enig wained, repin	nanueu, suspenueu,	, disciplined of fev	ewea unaer inqui	ry or invest	igation.	Date: (Month/Year)
For this employment have any of t	the following happe	ened to you in the las	st 5 years? Fired	, quit after being	told you wo	uld be fired, left by	mutual agreement
including charges or allegations of	f misconduct, left b	y mutual agreement	following notice of	unsatisfactory pe	erformance	. Tyes	-
Select your type of incident:		Davids 4	Reason	<u>ι:</u>		Employment	Departure Date:
Fired		Provide the reaso	on fired.			(Month/Year	) Est.
100 Marie		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Quit after being told you	would be fired	Provide the reaso	n.			(Month/Year	) Est.
-							,
Left by mutual agreemen		Provide the charg	es or allegations.			(Month/Year	) <b>L</b> Est.
charges or allegations of mis	sconduct.						,
If no longer employed, provide the	specific reason yo	ou left the employme	nt activity:				
la tha annular		<b>D</b>					SCHOOL LAND
Is the employment location v	vitnin an Indian	Reservation, Vil	lage, Commun	ty, Rancheria	or Pueblo	0?	Yes No
16 P. 6							
If yes, list:Community S						2	

		Questic	onnaire Continuation	n		
Last Name	First Name		Middle Name	Jr., II, etc.	Last 4 - Social	Security Number
	<u> </u>					
11. Personal References	- Provide th	ree neonle who know	w you well and live in	n the IIS 7	hav should he good	friende noore
colleagues, roommates, as						
combined association with						
relatives.	,000001010	ac loads allo last o you	ard Bo not provide	arry or to note		101111 01 01030
Entry #1						
Last Name		First Name			Middle Na	me
Provide dates known.			Provide relationsh	nin to you (Che	ck all that apply)	
Special Control of the Control of th	t To Date	(Month/Year)	□ Neighbor	■ Work Assoc	ciate   Friend	
From Date (Month/Year)	St.   10 Date	(IVIOIIII/16ai) == ESI	□ Schoolmate	Other		
Provide the following contact info	rmation for this	person.				
Home Telephone Number	Day 🛄	Cell/Mobile Telephone	Number Day		/ork/Alternative	Day L
	Night 🔲	( )	Night		)	Night 1
Provide e-mail address for this pe						Trigite issue
				,		LII don't know
Provide street address for this pe	rson (including	apartment number). Incl	lude city, state, and zip c	ode.	.,,,,,,	
Entry #2				~~~		
Last Name		First Name			Middle Na	me
Provide dates known.			Provide relationsh	nin to you (Che	ck all that annly)	
From Date (Month/Year)	t To Date	(Month/Year) Est	1000 KT 1 1	Work Assoc	ciate <b>□</b> Friend	•
Profit Date (Worth)	st. 10 Date	(Month Car)	· ☐ Schoolmate	□ Other		
Provide the following contact info	mation for this	person.				
Home Telephone Number	Day 🔲	Cell/Mobile Telephone I	Number Day		/ork/Alternative	Day 🛄
( )	Night	( )	Night		)	Night L
Provide e-mail address for this pe					, , , , , , , , , , , , , , , , , , , ,	
						I don't know
Provide street address for this pe	rson (including	apartment number). Incl	ude city, state, and zip c	ode.		
Entry #3						
Last Name		First Name			Middle Na	ime
•						
Provide dates known.	-		Provide relationsh	nip to you (Che	ck all that apply)	
From Date (Month/Year)	st. To Date	(Month/Year) Lest.	■ Neighbor	■ Work Association	ciate <b>D</b> Friend	
			☐ Schoolmate	Other		
Provide the following contact infor	mation for this	person.				
Home Telephone Number	Day 🗖	Cell/Mobile Telephone I	Number Day	CI V	/ork/Alternative	Day 🗖
( )	Night	( )	Night		)	Night 🛄
Provide e-mail address for this pe				1.1		
·						l don't know
Provide street address for this per	son (including	apartment number). Incl	ude city, state, and zip c	ode.		

Last Name		First Name		Middle Name		Jr., II, etc.	Last 4 - Social Sec	urity Numbe	er
			•					•	
Police Re	cord - For thi	is section, report infor	mation regard	dless of whether yo	ou be	elieve the re	cord in your case has b	een seale	d.
expunged,	or otherwise	stricken from the cou	rt record or the	ne charge was disr	miss	ed. You ne	ed not report convictions	s under th	e
Federal Co	ontrolled Sub	stances Act for which	the court issu	ued an expungeme	ent o	rder under	the authority of 21 U.S.C	C. 844 or 1	8
		o include all incidents						,	
		have you been arrest			mar	shal or any	other type of law	YES	NO
eniorceme	ent official inci	luding tribal law enford	ement officia	als?					
13. In the	last 5 years	have you been charge	ed with, conv	icted of, or sentend	ced t	for a crime i	n any court? (Include	YES	NO
all qualifyir	ng charges, c	onvictions or sentence	es in any fede	eral, state, local, m	nilitar	y, tribal, or	non-U.S. court, even if		
previously	reviously listed on this form).								
1.4 In the	4. In the last 5 years have you been or are you currently on probation or parole?								
14. In the	iast 5 years	nave you been or are	you currently	on probation or pa	arole	<del>9</del> ?		YES	NO
15. Are yo	ou currently o	n trial or awaiting a tria	al on criminal	charges?				YES	NO
If you have	recoonded "	'Vaa" to any of the obe	wa guaatian	in this postion are			/-\		
information	responded	res to any or the abo	ve questions	in this section, ex	cpiair	n your answ	er(s) below providing all	l requeste	d
Question #	Month/Year	Offense	\\ \Actio	on Taken		Arrostina Low	Enforcement /Military Agenc		01.1
Quodion //	iviorian i car	, Ondried	, , , , , , , , , , , , , , , , , , ,	NI Lavell		Arresting Law	Emorcement //willtary Agency	<u>y</u>	State
									· .
	*								
		W							
							· · · · · · · · · · · · · · · · · · ·		
			-						
D !! D									
Police Red	ord - For this	s section, each question	on is asking t	o respond if any of	f the	following h	as <u>EVER</u> occurred rega	rdless of v	vhether
diemieeed	li Diober eni e Vou pood no	n your case has been	sealed, expu	nged, or otherwise	e stri	cken from t	ne court record or the ch	narge was	
order unde	r the authority	v of 21 H.S.C. 844 or	1811SC 36	07 Re sure to incl	มรเล ไมสด	all incident	r which the court issued s whether occurring in the	n expung	ement
				Account to the second s				16 O.S. Of	aboard.
16. Have y	ou EVER be	en charged with or co	nvicted in an	y court of the U.S.	of a	crime, sent	enced to	YES	NO
than 1 year	nt for a term	exceeding 1 year for	inat crime, ai	nd incarcerated as	are	suit of that	sentence for not less		100
	listed on this		s III arry rede	rai, state, local, mil	ımary	/, tribai, or r	on-U.S. court, even if	Notice	SAUGENCES .
			elony offense	? (Include all qual	lifvin	na convictio	ns in any federal	YES	NO
state local military tribal or non-LLS court even if previously listed on this form)									NO
18. Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as							YES	NO	
battery or assault) against your child, dependent, cohabitant, spouse or legally recognized civil union/domestic partner, former spouse, or legally recognized civil union/domestic partner, or someone with whom you share a									
child in con	mon? (Inclu	ide all qualifying convi	ctions in any	federal state loca	ouii al m	ilitary triba	or non 11 S court		
		on this form).	caono in any	iodoral, state, 1066	uı, III	iliua, iliua	, or non-o.s. court,		
			aining order	or an order of prof	tection	on or is ther	e currently a domestic	YES	NO
violence pro	otective order	r or restraining order is	ssued agains	t you?		21. OI 10 U IOI	o ourionly a doinestic		110
				• 1		•			

**Questionnaire Continuation** 

	``		Ques	tionnaire Conti	nuatio	n		<del></del>			
Last Name		First Name		Middle Name		Jr., II, etc.	Last 4 - Social S	Security Nur	mber		
					<u> </u>						
20. Have	you <b>EVER</b> be	een arrested for or cha	arged with a c	rime involving a	child c	r offenses	committed against	YES	S NO		
children?							·.		1		
21 Havo	VOU EVED h	oon found quilty of or	entored a pla	22 26 22 22 22	-l. /						
felonious o	you <b>rveix</b> b offense or ar	een found guilty of, or	entered a pre	ea of noto conter	iaere (i orol. ot	no contest)	or guilty to, any I law involving crimes	YES	S NO		
of violence	e: sexual assa	ault, molestation, expl	oitation, conta	act or prostitution	rai, Si	ale, or triba mes anains	il iaw involving crimes				
QUESTION	REQUIRED BY	25 UNITED STATES CO	DE § 3207.	art of production	, 01 011	moo agame	r poisons:				
If you have	you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all re-										
information	۱.	•	•			, , = 0 0 0	er(e) belew providing	an reques	sicu		
Question #	Month/Year	Offense	Actio	on Taken		Arresting Law	Enforcement /Military Age	ncy	State		
		-									
							· 				
	-										
proceeding Wahpeton accordance	n derived frog.  g. As to this  Law Enforce  with federal	om your responses to particular section, to ement. The following laws, even though pe	o this section his applies we questions permissible und	n will be used a whether or not y ertain to the illega ler state laws.	is evid ou are al use c	lence agair e currently of drugs or o	ither your truthful renst you in a subseque employed by the Sicontrolled substance a	ent crim	or inal		
22. In the I	ast 5 years,	have you illegally use	d any drugs c	or controlled subs	stance	? Use of a	drug or controlled	YES	NO		
drug or con	nciudes injed trolled substa	cting, snorting, inhaling	g, swallowing,	, experimenting v	with or	otherwise of	consuming any				
		have you been involve	ed in the illeg	al purchase mar	nufacti	ıre trafficki	ng production		NO		
transfer, sh	ipping, receiv	ring, or sale of any dru	g or controlle	ed substance?	iaiaott	aro, damoni	ng, production,	YES	NO		
<u>.</u>											
number of the narcotics (o methaqualo	ımes usea or pium, morph	ryour involvement. E ine, codeine, heroin); ters); hallucinogenics	xamples inclu stimulants (ar	ıde: THC (mariji mphetamines. sr	uana, v beed. c	weed, hash rvstal meth	drug or controlled sub ish, etc.); cocaine; cra , ecstasy); depressan iet); inhalants (toluend	ick cocair ts (barbit	ne; uratos		
Month/Year N		Controlled Substance Us	ed				Number of Times Us	ed/Involver	ment		
To									,,,,,,,,		
Month/Year N	Est Month/Year	Controlled Substance Us	ed .				N. I. Corr				
To	)	Controlled Substance US	ou				Number of Times Us	ed/Involver	nent		
	Est										

			Questic	onnaire Continu	ation						
Last Name		First Name		Middle Name	e Name Jr., II, etc. Last 4 - Social Security Num						
				<u> </u>		1					
24 In the	loct E voore b	ave you intentionally one	cand in t	ho minuos of mus			" (				
whother o	r not the druge	ave you intentionally eng were prescribed for you o	jageu in i	ne misuse of pres	scription	arugs,	regardless of	YES	NO		
WINCHIGH	i not the drugs	were prescribed for you o	30111601	ie eise (							
Month/Year	Month/Year	If you responded "Yes" to the a	above ques	stion in this section in	arovide the	procerin	ion drug that you migued		Business		
	То	, 9	aboro quot		JOVIGE LITE	- hiescribi	ion drug that you misused				
	<b>L</b> Est										
Provide the	reason(s) for and c	ircumstances of the misuse of t	the prescrip	otion drug							
				J							
F=1	<b>5</b>										
Financial				<del></del>							
25. In the	last 5 years, n	ave you, or a company ov	ver which	you exercised so	ome cor	itrol, file	d under any chapter	YES	NO		
or the ban	kruptcy code or	been declared bankrupt?	<i>(</i>								
00 la 45 a	I 1 C I							Hera S	E-const		
26. In the	last 5 years, n	ave you been delinquent	on alimoi	ny or child suppo	rt payme	ents?		YES	NO		
27 In the	last 5 years h	ave you had any judgmer	nte anaine	et vou?							
27. 111 010	idot o years, in		no again	st you!				YES	NO		
28. In the	last 5 years, ha	ave you had a lien placed	d against	your property for	failing to	pay ta	ces or other debts?	YES	NO		
				· · · · ·	ŭ	. ,		1			
20 In the	leat E veere be	ave you had only of					<del></del>				
foreclosed	, or your wages	ave you had any of your p	oossessic	ons or property vo	oluntarily	or invo	luntarily repossessed,	YES	NO		
1016010360	, or your wayes	garnisneur					. •				
30. In the	last 5 years, ha	ave you defaulted on any	type of lo	oan?				YES	NO		
		•						Processes	1 1		
24 10 40 0 1			<del></del>			·					
31. III the I	ast o years, na	ve you had bills or debts	turned ov	er to a collection	agency	?		YES	NO		
		•									
32. In the I	ast 5 vears. ha	ve you had any account o	or credit o	ard suspended	charged	off or o	ancelled for failing to				
pay as agr	eed?	,		oara baoportaga, t	onargou	On, Or	ancelled for failing to	YES	NO		
33. In the I	ast 5 years, we	re you evicted for non-pa	ayment?					YES	NO		
									parameter 1		
34 In the I	ast 5 vears we	re you over 120 days deli	inquent o	n any dobt not n	roviously	, disales	and an thin farm 0		haval		
	acto yours, no	10 you over 120 days deli	inquent o	in any dept not pi	reviousi	y disclos	ed on this form?	YES	NO		
If you answ	ered "Yes" for a	any of the above question	ns in this s	section, provide t	the appr	onriate i	nformation below	<u> </u>			
Question #	Month/Year	Type of Action		Name/Address							
-,		. , , , , , , , , , , , , , , , , , , ,	1	Name of Cou	a oi Ciedii urt or Anei	ncv Hand	gee and/or ind Case	Current	Status		
						, , , , , , , , , ,		·			
									7		

			uestionnaire Continuati	on		
Last Name	F	irst Name	Middle Name	Jr., II, etc.	Last 4 - Social Sec	curity Number
Involvement	in Non-Crimina	I Court Actions				
			public record civil court a	ctions not liste	d elsewhere on this	YES NO
If you answere	ed "Yes" for any	of the above questions i	in this section, provide the	e information re	equested below.	
Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involv	red	Name/Address Court or Agency Hand	
	L					
include your na	ame and last fou	ır numbers of your socia	arate blank sheets) to cor al security number at the t arity, maintain sequential	op of each bla	ink sheet. Before eac	h answer
						·
	***************************************					•
e e e e e e e e e e e e e e e e e e e		- Anna Anna Anna Anna Anna Anna Anna Ann			Marie Communication Communicat	
<u>C</u> Bers			·			
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Se section of the sec						
	·					
14						

			Questionnaire Continu	ation	
Last Name		First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
esponses to this  After comple	etion of to make s	nnaire will be used as his form and any at ure the form is com	s evidence against you in	a subsequent cr	nformation derived from your iminal proceeding.  Sould review your answers to a date the following certification
			Certification		

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 [violate Sisseton-Wahpeton Law Enforcement Policy]). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a law enforcement position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and

I understand my right to obtain a copy of any national criminal history report made available to the [Sisseton-Wahpeton Law Enforcement]; and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and

Printed Name

Date (mm/dd/yyyy)

debarment from employment with [Sisseton-Wahpeton Oyate].

Enter you Social Security Number before going to the next page –

completeness of any information contained in the report.

Signature

### Questionnaire for Designated Child Care/Public Trust Positions

## Release to Obtain a Credit Report Fair Credit Reporting Disclosure and Authorization

#### Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681, et seq.

### Purpose

The [Sisseton-Wahpeton Law Enforcement] requires information from one or more consumer reporting agency in order to obtain information in connection with a background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a public trust position. The information obtained may be disclosed to other [Sisseton-Wahpeton Oyate] and/or Federal oversight agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable federal, state, or tribal regulation.

#### Authorization

I hereby authorize any investigator, special agent, or other duly accredited representative of the [Sisseton-Wahpeton Law Enforcement] and/or Personnel Security Consultants, Inc., conducting my initial background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a public trust position, and any consumer reporting agency to provide such reporting for purposes described above.

### Note

If you have a security freeze on your consumer or credit report file, we will not be able to access the information necessary to complete your investigation, which can adversely affect your eligibility for a position. To avoid such delays, you should expeditiously respond to any requests made to release the credit freeze for the purposes as described above.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with [Sisseton-Wahpeton Law Enforcement].

Print Name		Social Security Number '
Signature (Sign in ink)		Date signed (mm/dd/yyyy)
	The state of the s	

# Questionnaire for Designated Child Care/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 child care 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 [Sisseton-Wahpeton Law Enforcement] 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 [Sisseton-Wahpeton Law Enforcement] 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 [Sisseton-Wahpeton Law Enforcement] 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 [Sisseton-Wahpeton Law Enforcement] 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 [Sisseton-Wahpeton Law Enforcement] and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the [Sisseton-Wahpeton Law Enforcement].

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with [Sisseton-Wahpeton Law Enforcement].

Signature (sign in black ink)	Full name (Type or print legibly)	ne (Type or print legibly)		
Other names used				
Current street address and city	State	Zip Code	Telephone number	