

Information contained in this questionnaire is for official use only.  
**Investigative Questionnaire for Law Enforcement Position**

**Notice to Applicant:** The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for law enforcement positions have a criminal and financial record check and will be conducted as a condition of employment.

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
<b>3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).</b>			<b>4. Driver's License No.</b>		<b>5. Social Security Number</b>	
Name			No.:                      State:			
<b>6. Your Telephone No.</b>			<b>7. Place of Birth</b>			
Home (     )		Cell (     )	City		County	State
<b>8. Other Identifying Information</b>						
Height (feet and inches)	Weight (pounds)		Hair Color	Eye Color	Sex (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>	
<b>9. Citizenship</b>						
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession <input type="checkbox"/> I am a U.S. citizen, and I have dual citizenship with another country. If you have checked this box, provide the name of that country in the space provided below. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. If you have checked this box, provide information about your proof of citizenship in the space provided below. <input type="checkbox"/> I am not a U.S. citizen. If you have checked this box, provide when you entered the U.S., your Alien Registration Number, and Country of Citizenship.						
Use this space to provide citizenship information.						
<b>10. Residence – List where you have lived, beginning with the most recent and working back 10 years. All periods in the last 10 years must be accounted for in your list.</b>						
Month/Year	Month/Year	Street Address		City	State	Zip code
1)	To Present					
Month/Year	Month/Year	Street Address		City	State	Zip code
2)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
3)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
5)	To					
Month/Year	Month/Year	Street Address		City	State	Zip code
6)	To					
<b>11. Residence/Employment on an Indian Reservation – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have lived or worked in the last 10 years.</b>						

Full Name				Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000

**12. Education** – List the schools you have attended beyond high school, beginning with the most recent and working back 10 years. You MUST list College or University degrees and the dates they were received.

Month/Year	Month/Year	Name of School	Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma	<input type="checkbox"/> Attendance Only <input type="checkbox"/> Other	If degree received, Month/Year Awarded
1)	To				

Street Address and City of School	State	Zip Code
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Month/Year	Month/Year	Name of School	Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma	<input type="checkbox"/> Attendance Only <input type="checkbox"/> Other	If degree received, Month/Year Awarded
2)	To				

Street Address and City of School	State	Zip Code
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**13. Employment History** - List your employment activities, beginning with the present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

Month/Year	Month/Year	Employer Name	Position Title
1)	To		

Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone number ( )	Other Employer Reference	Telephone Number ( )
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For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?  No  Yes

If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year)
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If no longer employed, specific reason you left:

Month/Year	Month/Year	Employer Name	Position Title
2)	To		

Employer Street Address	City	State	Zip Code
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Supervisor's Name	Telephone number ( )	Other Employer Reference	Telephone Number ( )
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For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?  No  Yes

If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year)
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Reason you left

**Application continuation**

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Month/Year 3) _____	Month/Year To _____	Employer Name				Position Title	
Employer Street Address				City		State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )	
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.						Date: (Month/Year)	
Reason you left							

Month/Year 4) _____		Month/Year To _____		Employer Name				Position Title	
Employer Street Address				City		State	Zip Code		
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )			
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes									
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.							Date: (Month/Year)		
Reason you left									

Month/Year 5) _____		Month/Year To _____		Employer Name				Position Title	
Employer Street Address				City		State	Zip Code		
Supervisor's Name		Telephone number ( )	Other Employer Reference			Telephone Number ( )			
For this employment, in the last ten (10) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> No <input type="checkbox"/> Yes									
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.							Date: (Month/Year)		
Reason you left									

**Application continuation**

Last Name		First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<b>Employment Record</b>						
14. In the last 10 years, have you been: Fired from any job for any reason? Did you quit after being told that you would be fired? Did you leave any job by mutual agreement because of allegations of misconduct?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested below.						
Month/Year	Month/Year	Specify Reason	Employer's Name and Address			
1)	To					
Month/Year	Month/Year	Specify Reason	Employer's Name and Address			
2)	To					

**15. Personal References** – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 10 years. Do not list relatives or anyone who is listed elsewhere else on this form.

1) Name	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ( )
Home or Work Address	City	State    Zip Code
2) Name	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ( )
Home or Work Address	City	State    Zip Code
3) Name	Dates Known Month/Year    Month/Year To	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ( )
Home or Work Address	City	State    Zip Code

**16. Your Spouse**

Mark one box to show your current marital status and provide information about your spouse(s) in items a and/or b below.

Never married                       Separated                       Divorced  
 Married                                       Legally Separated                       Widowed

**A** **Current Spouse – Complete the following about your current spouse only.**

Full Name	Date of Birth	Place of Birth	Social Security No.
Other Names Used (Specify maiden names, names by other marriages, etc., and show dates used for each name)			Country of Citizenship
Date Married	Place Married	State	
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City	State	

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
<b>B</b> Former Spouse(s) – Complete the following about your former spouse(s). Use blank sheets if needed.				
Full Name		Date of Birth	Place of Birth	
Country of Citizenship		Date Married	Place Married	State
Check one, then give date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Year	If Divorced, where is the Record Located? City		State
<b>17. Citizenship of Your Relatives and Associates</b>				
<b>A</b> If your mother, father, sibling, child, spouse or person with whom you have a spouse-like relationship is a U.S. citizen by <b>OTHER</b> than birth, or if they are an alien residing in the U.S., provide nature of the individual's association to you (ie., spouse, mother, etc.), and the individual's name and date of birth below.				
1) Association	Name		Date of Birth	
2) Association	Name		Date of Birth	
<b>B</b> Provide the individual's naturalization certificate information or alien registration number below.				
1) Certificate/Registration No.:				
2) Certificate/Registration No.:				

Military History				
18. Have you served in the United States military?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Have you <u>ever</u> received other than an honorable discharge from the military? If "Yes", provide the date of discharge and type of discharge below.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year	Type of Discharge			
20. List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service and work backward. If you had a break in service, each separate period should be listed.				
<ul style="list-style-type: none"> <li>• Available Codes: 1 – Air Force 2- Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard</li> <li>• Mark appropriate block for either <b>Officer</b> or <b>Enlisted</b>.</li> <li>• Status-Mark the appropriate block for the status of your service during the time that you served.</li> </ul>				
Month/Year	Month/Year	Code	Officer	Enlisted
			Active	Active Reserve
			Inactive Reserve	National Guard (state)
1)	To			
<b>Selective Service Record</b>				
21. Are you a male born after December 31, 1959?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes" to the question above, have you registered with the Selective Service System? If "Yes", provide your registration number. If "No", provide the reason for your legal exemption.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Number	Legal Exemption Explanation			

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Medical Record					
22. In the last 10 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, <b>UNLESS</b> the consultations(s) involved <b>ONLY</b> marital, family or grief counseling, not related to violence by you.					
Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	Zip code	
1) _____	To _____				
Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	Zip Code	
2) _____	To _____				

Your Foreign Activities							
23. Do you have any foreign property, business connections, or financial interests?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
24. Are you now or have you <b>ever</b> been employed by or acted as a consultant for a foreign government, firm, or agency?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
25. Have you <b>ever</b> had a contract with a foreign government, its establishments (embassies or consultants), or its representatives, whether inside or outside the U.S., other than on official US. Government business? (Does not include routine visa applications and border crossing contacts).				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
26. In the last 10 years, have you had an active passport that was issued by a foreign government?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you answered "Yes", to any of the questions in this section, explain in the space below the dates, names of firms and/or governments involved, and an explanation of your involvement.							
Month/Year	Month/Year	Firm and/or Government	Explanation				
1) _____	To _____						
Month/Year	Month/Year	Firm and/or Government	Explanation				
2) _____	To _____						
27. <b>Foreign Countries You Have Visited-</b> List foreign countries you have visited, except on travel under official Government orders, beginning with the most current and working back 10 years.							
<ul style="list-style-type: none"> <li>• Available Codes: 1 – Business 2-Pleasure 3-Education 4-Other</li> <li>• Include short trips to Canada and Mexico. If you have lived near a border and have many short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many short trips")</li> </ul>							
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
1) _____	To _____			3) _____	To _____		
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
2) _____	To _____			4) _____	To _____		

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Association Record		
28. Have you <b>ever</b> been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the U.S. Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
29. Have you <b>ever</b> knowingly engaged in any acts or activities designed to overthrow the U.S. Government by force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", explain your answer in the space below.		

Police Record-For this section, report information regardless of whether you believe the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.		
30. Have you <b>ever</b> been charged with or convicted of any felony offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
31. Have you <b>ever</b> been charged with or convicted of a firearms or explosives offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
32. Have you <b>ever</b> been charged with or convicted of any offense(s) related to alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
33. In the last 10 years, have you been convicted by a military court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
34. Have you <b>ever</b> been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
35. Have you <b>ever</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
36. In the last 10 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s) not listed in the responses above? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Include traffic fines and accidents where you were the driver.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
37. Have you <b>ever</b> been a subject of a restraining order or an order of protection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Application continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
38. Have you <b>ever</b> been a subject of a grand jury investigation?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
39. Are you now under charges for any violation of law or are there currently any charges pending against you for any criminal offense?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
40. Have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement officer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have answered "Yes", for any of the above questions in this section, explain your answer(s) below.					
Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State
<b>Illegal Drugs and Drug Activity-</b> You are required to answer the questions fully and truthfully, and your failure to do so could be ground for an adverse employment decision or action against you, but neither your truthful responses nor information derived from you responses will be used as evidence against you in any subsequent criminal proceeding.					
41. Since the age of 16 or in the last 10 years, whichever is shorter, have you <b>illegally</b> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <b>illegally</b> used prescription drugs?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
42. Have you <b>ever</b> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
43. In the last 10 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", provide the date(s) and explanation of your use below.					
Question #	Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used	
	1)	To			
Question #	Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used	
	2)	To			
<b>Use of Alcohol</b>					
44. In the last 10 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes", provide the date(s) of treatment/counseling and additional information below.					
Month/Year	Month/Year	Name/Address of Counselor or Doctor		State	Zip code
1)	To				
Month/Year	Month/Year	Name/Address of Counselor or Doctor		State	Zip code
2)	To				

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Public Record Civil Court Actions			
45. In the last 10 years, have you been a party to any public record civil court actions not listed elsewhere on this form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you answered "Yes", for any of the above questions in this section, provide the information requested below.			
Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved  Court

Financial Records					
46. In the last 10 years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared Bankrupt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
47. In the last 10 years, have you had your wages garnished or had any property repossessed for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
48. In the last 10 years, have you had a lien placed against your property for failing to pay taxes or other debts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
49. In the last 10 years, have you had any judgments against you that have not been paid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
50. In the last 10 years, have you defaulted on any type of loan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
51. In the last 10 years, have you had bills or debts turned over to a collection agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
52. Have you EVER experienced financial problems due to gambling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
53. Have you <u>ever</u> been under investigation for embezzlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If you answered "Yes", for any of the above questions in this section, provide the information requested below.					
Question #	Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Use of Information Technology Systems		
54. In the last 10 years, have you illegally or without proper authorization entered into information technology system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
55. In the last 10 years, have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing an information technology system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
56. In the last 10 years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rule, procedures, guidelines or regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Question #	Nature of Incident/Offense	Location of Incident	Action Taken

Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered, "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

CONFIDENTIAL

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number

Certification that my Answers are True		
<p>My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p>		
<p>_____</p> <p>Applicant's initials      Date</p>		
<p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Rosebud Sioux Tribe Attorney General's Office/Background Investigation Program and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
<p>_____</p> <p>Applicant's Signature      Printed Name      Date</p>		

CONFIDENTIAL

## Authorization for Release of Medical Information

This is a release for the investigator to ask you health practitioner(s) the three questions below concerning your mental health consultations. Our signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the **Rosebud Sioux Tribe Law Enforcement Services** which may require access to classified national security information. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the **Rosebud Sioux Tribe Attorney General's Office/Background Investigation Program** conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for official use by the **Rosebud Sioux Tribe Attorney General's Office/Background Investigation Program** only for the purpose of determining my suitability for employment in a law enforcement position with the Rosebud Sioux Tribe Law Enforcement Services.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) years from the date signed or upon the termination of my affiliation with the **Rosebud Sioux Tribe Law Enforcement Services**, whichever is sooner.

Signature (sign in black ink)	Printed Name		Date Signed
Position for Which you are being Investigated		Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ( )

**ROSEBUD SIOUX TRIBE  
OFFICE OF THE ATTORNEY GENERAL  
BACKGROUND INVESTIGATION PROGRAM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office, who is conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to academic, residential, achievement, performance, attendance, disciplinary actions, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Rosebud Sioux Tribe Background Investigation Program under the Rosebud Sioux Tribe Attorney General's Office, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in 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 custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for the official use by the Rosebud Sioux Tribe Attorney General's Office Background Investigation Program and only for the purpose of determining my suitability for employment with

\_\_\_\_\_.  
(Name of Rosebud Sioux Tribal Program)

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with \_\_\_\_\_ whichever is sooner.

(Name of Rosebud Sioux Tribal Program)

Signature (sign in black ink)		Printed Name		Date Signed
Other Names Used			Social Security Number	
Position for which you are being investigated:			Primary Contact Number:	
Current Address	State	Zip Code	Secondary Contact Number	

**ROSEBUD SIOUX TRIBE  
OFFICE OF THE ATTORNEY GENERAL  
BACKGROUND INVESTIGATION PROGRAM**

**WAIVER OF CONFIDENTIALITY**

I, \_\_\_\_\_, having been duly informed by the Background Investigation Office of the Rosebud Sioux Tribe that a background investigation is a prerequisite for permanent hiring, and hereby release from liability any person or agency, including but not limited to, former employers and supervisors who provide information concerning my prior employment to the Rosebud Sioux Tribe Background Investigation Program. I understand that I may have certain rights of confidentiality concerning records that are kept by former employers and agencies. I hereby waive my right of confidentiality in those records for the Rosebud Sioux Tribe's Background Investigators investigations. I also expressly release from liability any individual agency who provides information to the Rosebud Sioux Tribe Background Investigators with regard to their inquiries concerning background investigation and prior employment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT SCREENING QUESTIONNAIRE  
INDIAN CHILD PROTECTION REQUIREMENTS**

Name:	Social Security Number:
Employer Name:	Job Title:

**NOTIFICATION REQUIREMENTS**

Section 231 of the Crime Control Act of 1990, Public Law 101647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further it is required to ask the following:

***Have you ever been arrested for or charged with a crime involving a child?***

Yes      If yes, provide the date(s), explanation of the violation(s), disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

No

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

***Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any two or more misdemeanor offenses under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offenses committed against children?***

Yes      If yes, provide the date(s), explanation of the violation(s), disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

No

I certify that my response to the above questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Rosebud Sioux Tribe Background Investigation Program and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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**Release to Obtain a Credit Report  
Fair Credit Reporting Act of 1970, as amended**

On or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, et seq. Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the Rosebud Sioux Tribe's decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the Rosebud Sioux Tribe Background Investigation Program to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Printed Name

**ROSEBUD SIOUX TRIBE**  
**Office of the Attorney General**  
**Tribal Personnel Security Program**

**DOMESTIC VIOLENCE WAIVER**

The information obtained from this inquiry will be used to determine whether under the new legislation, 18 U.S.C. Section 922 (g) (9), you are barred from possessing a firearm. Reassignment or other administrative action may be necessary based on the information provided in this questionnaire.

YOU MUST COMPLETE THIS QUALIFICATION INQUIRY AND PROVIDE IT TO YOUR IMMEDIATE SUPERVISOR WITHIN TEN (10) WORKING DAYS OF RECEIPT. REFUSAL OR FAILURE TO RESPOND, OR SUBMITTING RESPONSES THAT ARE INCOMPLETE OR UNTRUE, MAY BE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING REMOVAL.

Neither your answers, or any information or evidence obtained by reason of your answers, can be used against you in any criminal prosecution or violation of 18 U.S.C. Sec. 922 (g) (9). However, the answers you furnish and any information or evidence resulting there from may be used against you in a prosecution for knowingly and willfully providing false statements or information, any may be a basis for agency disciplinary action.

The law 18 U.S.C. Sec. 922 (g) (9) makes it a felony for anyone who has been convicted under federal or state law of a misdemeanor crime of domestic violence to possess any firearm or ammunition. A "misdemeanor crime of domestic violence" is defined generally as any offense whether or not explicitly described in a statute as a crime of domestic violence - which has as its factual basis the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian. The law further provides:

(B)(I) A person shall not be considered to been convicted of such an offense for purposes of this chapter unless -

(I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and

(II) in the case of a prosecution for an offense described in the paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either

(aa) the case was tried by a jury, or

(bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

(ii) a person shall not be considered to have been convicted of such an offense for purposes of this chapter if the conviction of such an offense for purposes of this chapter if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored...unless the pardon, expungement or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms.

**Certification:** To resolve any questions whether you are affected by the statute-that is, whether you ever have been convicted of a misdemeanor crime of domestic violence within the meaning of the statute - you should contact your immediate supervisor, your ethics officer, or a private attorney.

- 1) Have you ever been convicted of a misdemeanor crime of domestic violence with the meaning of the statute?

**Initial and date:** YES  NO  I am not certain

- 2) If you answered "Yes" to the first question, please provide the following information with the respect to the conviction.

Court/Jurisdiction: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Statute/Charge \_\_\_\_\_

Date Sentenced: \_\_\_\_\_

- 3) If you answered "Yes" to the first question, was that conviction expunged or set aside or have you been pardoned for the offense or otherwise had your civil rights restored without continuing prohibition of the use or possess of firearms or ammunition?

**Initial and date:** YES  NO

If you answered "Yes to this question, please provide documentation of the expungement, set aside or pardon.

IF YOU ANSWERED "YES" OR "I AM NOT CERTAIN" TO THE FIRST QUESTION, UNTIL YOU PROVIDE DOCUMENTATION OF ANY EXPUNGEMENT, SET ASIDE OR PARDON, YOU MUST IMMEDIATELY TURN OVER ANY GOVERNMENT ISSUED FIREARMS OR AMMUNITION TO YOUR SUPERVISOR. ADDITIONALLY, YOUR AUTHORIZATION TO CARRY A GOVERNMENT-OWNED OR PERSONALLY OWNED FIREARM AND AMMUNITION IS RESCINDED.

I hereby certify that, to the best of my information and belief, all the information provided by me is true, correct and complete.

I understand that false or fraudulent information provided herein may be grounds for adverse personnel action, up to and including removal, and also is criminally punishable pursuant to Federal Law, including 18 U.S.C. Section 1001.

A conviction "within the meaning of the statute" means those conviction that have not been expunged or set aside, or for which the individual has not received a pardon.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_