

Questionnaire/Application for a Child Care 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 child care positions have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). Name				4. Mother's Maiden Name		
5. Social Security Number				6. Driver's License Number		
7. Your Telephone No.		8. Place of Birth				
()		City	County	State		
9. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
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	
4) To						
10. Residence/Employment in Tribal Community – List any Tribal communities in which you have lived or worked in the last 5 years.						
11. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 22, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other	Month/Year Awarded		
	To					
Street Address and City of School				State	Zip Code	
12. Employment - List your employment activities, beginning with the present and working back 5 years. The 5 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 Present						
Employer Street Address:			City	State	Zip Code	
Supervisor's Name		Telephone number	Other Employer Reference		Telephone Number	
		()			()	
Reason you left						

Application continuation

Last Name		First Name	Middle Initial	Jr., II, etc.	Social Security Number	
Employment Continued –						
Month/Year	Month/Year	Employer Name			Position Title	
2)	To					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left						

Month/Year	Month/Year	Employer Name			Position Title	
3)	To					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left						

Month/Year	Month/Year	Employer Name			Position Title	
4)	To					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left						

Month/Year	Month/Year	Employer Name			Position Title	
5)	To					
Employer Street Address			City	State	Zip Code	
Supervisor's Name		Telephone number ()	Other Employer Reference		Telephone Number ()	
Reason you left						

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
13. 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 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
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

Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
14. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
15. Have you been convicted by a military court-martial in the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		
16. Are you now under charges for any violation of law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.		
17. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date , an explanation of the problem, reason for leaving, and the employer's name and address.		
18. Have you ever been arrested for or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 22 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.		
REQUIRED BY PL 101-647		

Application continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<p>19. Have you ever 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?</p> <p>If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p> <p>REQUIRED BY 25 CFR 63.15</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>20. In the last 5 years have you illegally 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 illegally used prescription drugs?</p> <p>If "YES", use Item 22 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>21. In the last 5 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?</p> <p>If "YES", use Item 22 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>				<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>22. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p>					

Certification that My Answers are True

My statements on this questionnaire, 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 questionnaire 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.

Applicant's initials Date

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 **[NAME OF TRIBE or TRIBAL ORGANIZATION]** and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Printed Name

Date

Declaration Form for Prospective Employees In Head Start and Child Care Programs

Name of Employee _____

Section 1

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- All pending and prior criminal arrests and charges related to child sexual abuse or their disposition;
- Convictions related to other forms of child abuse or neglect, and
- All convictions of violent felonies..

The declaration may exclude:

- Traffic fines of \$200.00 or less;
- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law and;
- Any conviction the record of which has been expunged under Federal or State law; and
- Any conviction set under the Federal Youth Correction Act or similar State authority.

Please provide your signature on the appropriate category below:

I **HAVE NOT BEEN** arrested, charged and/or convicted on one or more of the three types offenses listed in Section 1.

Signature

Date

OR

I **HAVE BEEN** arrested, charged and/or convicted on one or more of the three offenses listed in Section above:

If you have been arrested, charged and/or convicted on one or more of the three types of offenses listed in Section 1 above, please attach listing the offense(s); the date(s) of the arrest, charge, and/or conviction; the law enforcement agency involved; the outcome of the court proceedings and other relevant information.

Signature

Date

Note: Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are NOT automatically disqualified from being hired. Head Start Agencies must review each case to assess the relevance of an arrest, charge or conviction to make a hiring decision. (45 CFR part 1301)

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency 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, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle records information, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Fort Belknap Indian Community Council**, 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 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 official use by the **Fort Belknap Indian Community Council**, and only for the purpose of determining my suitability for employment with the **Fort Belknap Indian Community Council**.

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 the **Fort Belknap Indian Community Council**, 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 ()

Applicant Screening Questionnaire and Indian Children Protection Notification Requirements

Name _____ SSN _____
(Please Print)

Job Title _____

Section 231 of the Crime Control Act of 1990, Public Law 101-647(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?
- If "Yes", provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

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

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 Office of Indian Education Programs and my right to challenge the accuracy and completeness of any information contained in the report.

Employee/Applicant Signature

Date

**Background Check Authorization Form
Consent for Criminal Background History Check
Authorization/Waiver/Indemnity**

Each Employee or volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Fort Belknap Human Resources Department to perform a criminal background check.

I hereby give my permission to the Fort Belknap Human Resources Department to obtain information relating to my criminal history record. The criminal history record as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Fort Belknap Human Resources Department and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged. I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge, I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify the Fort Belknap Human Resources Department and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever (including claims of negligence, gross negligence, and/or strict liability of the Fort Belknap Human Resources Department and any and all related attorneys, fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a staff member/volunteer.

Applicant's Signature

Date

Applicant's Printed Name (Last, First, M.I)

List maiden name or any other name used

Gender Male Female

Date of Birth (month/day/year) ___/___/___

Social Security Number: _____ - _____ - _____

Release of Information for Fingerprints pursuant to the National Child Care

Protection Act of 1993 as amended by the Volunteers for Children Act

The National Child Protection Act of 1993 (NCPA), Public Law 103-209, as amended by the Volunteers for Children Act (VCA), Public Law 105-25 (Sections 221 & 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a & 5119c, authorizes a state & national criminal history background check to determine the fitness of an employee, or volunteer, or a person with supervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which request a background check. You are entitled to obtain a copy of any background check report and challenge the accuracy and completeness of any information contained in any such report. The government agency shall access and review State & Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity.

(First Name) (Middle Name) (Maiden Name) (Last Name)

(Date of Birth)

Address: _____
(Street) (Apt.#)

(City) (State) (Zip code)

I have been provided with a copy of this form. I have read and understand the foregoing and my information is true and correct to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

(Notary)

(Date)

(Residing at)

(Commission Expires)