



Pre-Employment/Investigation Disclosure Notice

PLEASE READ CAREFULLY BEFORE SIGNING

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

and **Fort Belknap Indian Community (FBIC)**, the **FBIC** may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of “consumer reports” and “investigative reports” which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker’s compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

APPLICANT / EMPLOYEE / VOLUNTEER:	
Printed Name:	Date:
Signature:	

Questionnaire for Pre-Employment/Investigation

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

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 **FBIC's** 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 **FBIC's** privacy procedures. You will not receive prior notice of such disclosures under routine use.

Questionnaire for Pre-Employment/Investigation

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 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.

YES NO

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 <input type="checkbox"/>	NO <input type="checkbox"/>
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:	City	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			Mailing Address		
Home Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Cell/Mobile Telephone Number ()	Day <input type="checkbox"/> Night <input type="checkbox"/>	Work/Alternative ()	Day <input type="checkbox"/> Night <input type="checkbox"/>

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 18 th 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.				
From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence:	
			<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
			<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address		City	State	Zip code
Is the residence within an Indian Reservation, Village, Community?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Name & telephone number of the individual who can verify your residency.				

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Where You Have Lived – Continued

#2 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code

Is the residence within an Indian Reservation, Village, Community? Yes No

Name & telephone number of the individual who can verify your residency.

#3 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code

Is the residence within an Indian Reservation, Village, Community? Yes No

Name & telephone number of the individual who can verify your residency.

#4 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code

Is the residence within an Indian Reservation, Village, Community? Yes No

Name & telephone number of the individual who can verify your residency.

#5 - Provide dates of residence.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Is this residence:	
				<input type="checkbox"/> Owned by you	<input type="checkbox"/> Rented or leased by you
				<input type="checkbox"/> Military housing	<input type="checkbox"/> Other _____
Street Address			City	State	Zip code

Is the residence within an Indian Reservation, Village, Community? Yes No

Name & telephone number of the individual who can verify your residency.

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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9. Where You Went to School

Have you received a degree or diploma in the last **5 years**?

Yes No (If no, proceed to next question.)

If yes, provide the following dates of attendance and requested information.

#1 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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#2 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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#3 - Provide dates of attendance.

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the most appropriate description of your school.
				<input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online/Distance School

Provide the name of the school.

Provide the street address of the school. For Online/Distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code)	Telephone No. ()
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Did you receive a degree/diploma? Yes No If yes, provide type of degree(s)/diploma(s) received and date(s) awarded.

Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major/Focus:	Date awarded (Month/Year)	<input type="checkbox"/> Est.
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Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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10. Employment Activities - List all of 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." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1 – Select your employment activity.

<input type="checkbox"/> Active Military <input type="checkbox"/> Federal Contractor <input type="checkbox"/> National Guard/Reserve	<input type="checkbox"/> Other Federal Employment <input type="checkbox"/> State Government <input type="checkbox"/> Non-government employment	<input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Other
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Employer Name

From Date (Month/Year)	<input type="checkbox"/> Est.	To Date (Month/Year)	<input type="checkbox"/> Est.	Select the employment status:
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Provide your assigned duty station during this period. (City and State)	Provide your most recent position title.
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Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number
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Provide the name of your supervisor.

Supervisor Last Name	First Name	Position Title
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Provide the following contact information for this person.

Home Telephone Number	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Night <input type="checkbox"/>	Work/Alternative	Day <input type="checkbox"/>	Night <input type="checkbox"/>
()			()			()		

For this employment, in the **last 5 years** did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No

If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.	Date: (Month/Year)
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For this employment have any of the following happened to you in the **last 5 years**? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance. Yes No

Select your type of incident:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year) <input type="checkbox"/> Est.
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year) <input type="checkbox"/> Est.

If no longer employed, provide the specific reason you left the employment activity:

Is the employment location within an Indian Reservation, Village, Community? Yes No

If yes, list (Include Community, State):

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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11. Personal References – Provide three people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 5 years**. **Do not** provide anyone listed elsewhere on this form or **close relatives**.

Entry #1

Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #2

Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Entry #3

Last Name		First Name		Middle Name
Provide dates known.			Provide relationship to you (Check all that apply)	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Work Associate	<input type="checkbox"/> Friend
		<input type="checkbox"/> Schoolmate	<input type="checkbox"/> Other _____	
Provide the following contact information for this person.				
Home Telephone Number	Day <input type="checkbox"/>	Cell/Mobile Telephone Number	Day <input type="checkbox"/>	Work/Alternative
()	Night <input type="checkbox"/>	()	Night <input type="checkbox"/>	()
Provide e-mail address for this person.				<input type="checkbox"/> I don't know
Provide street address for this person (including apartment number). Include city, state, and zip code.				

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Police Record - For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report 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. Be sure to include all incidents whether occurring in the U.S. or aboard.

12. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. In the last 5 years have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. In the last 5 years have you been or are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you currently on trial or awaiting a trial on criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Police Record - For this section, each question is asking to respond if any of the following has **EVER** occurred regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report 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. Be sure to include all incidents whether occurring in the U.S. or aboard.

16. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. 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; or crimes against persons? <small>QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number
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Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the FBIC. The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

18. In the last 5 years , have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. In the last 5 years , have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you responded "Yes" to the above questions in this section, provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement
Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement

20. In the last 5 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Month/Year To <input type="checkbox"/> Est	If you responded "Yes" to the above question in this section, provide the prescription drug that you misused
Provide the reason(s) for and circumstances of the misuse of the prescription drug	

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Last 4 - Social Security Number

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with the Fort Belknap Indian Community.</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the Fort Belknap Indian Community and my rights to challenge the accuracy and completeness of any information contained in the report.</p>

Signature	Printed Name	Date (mm/dd/yyyy)
Enter you Social Security Number before going to the next page		



Questionnaire for Pre-Employment/Investigation 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 employment with **the Fort Belknap Indian Community (FBIC)**, 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 **Fort Belknap Indian Community (FBIC)** 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 **FBIC**, who is conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to the **FBIC**, 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 **FBIC**, 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 **FBIC**, only for the purpose of determining my suitability for employment with the **FBIC**.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with **FBIC**.

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

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number
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Release to Obtain a Credit Report
Fair Credit Reporting Act of 1970, as amended

One 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 **Fort Belknap Indian Community (FBIC)**.

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 **FBIC**, to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date

Declaration Form for Prospective Employees

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 and their disposition;
- Convictions related to other forms of child abuse and neglect; and
- All convictions of violent felonies.

The declarations 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;
- Any conviction the record of which has been expunged under Federal or State law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note: Individuals who declare, though 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 a hiring decision.

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 above:

Signature

Date

OR

I **have been** arrested, charged and/or convicted on one or more of the three types offenses listed in SECTION 1 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 information 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

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Fort Belknap Human Resources Office that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Fort Belknap Human Resources Office DOES NOT permit copies to be disseminated.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.