

Update Questionnaire for Public Trust Positions And/or Childcare Positions

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 criminal record check will be conducted as a condition of employment. Section(s) 6-4 (C) and 6-7 (A, B & C) of the Pyramid Lake Paiute Tribal Personnel Policies and Procedures require a complete background check be conducted for all positions with duties and responsibilities have regular contact or control over Indian children and positions critical to the Tribe and its mission with a broad scope of policy or program authority.

Be sure to fill this questionnaire out completely. Failure to provide information requested in this questionnaire may be grounds for an unfavorable background determination.

| | |
|-------------------------|-------------------|
| Current Position | Department |
| | |

| 1. Full Name | | | | 2. Date of Birth | | |
|--------------|------------|-------------|--------------|------------------|--------|-----------|
| Last Name | First Name | Middle Name | Jr., II, etc | Month 00 | Day 00 | Year 0000 |
| | | | | | | |

| |
|----------------------------------|
| 3. Current Phone Number () |
|----------------------------------|

| | |
|-----|----|
| YES | NO |
|-----|----|

| | | |
|--|--------------------------|--------------------------|
| 4. Have you moved in the past five [5] years | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If you answered [Yes] Please fill out Section 4 - If you answered [No] Please advance to Section 6

5. Residence – If you have moved within the past five [5] years, beginning with your current address and working back, list all address and length you lived there.

| | | | | |
|------------------------------------|----------------|------|-------|----------|
| Month / Year 1] To Present | Street Address | City | State | Zip code |
| Month / Year 2] To | Street Address | City | State | Zip code |
| Month / Year 3] To | Street Address | City | State | Zip code |
| Month / Year 4] To | Street Address | City | State | Zip code |

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6. Education – List the schools you have attended, beginning with the most recent.

| Month / Year to Month / Year 00/0000 to 00/0000 | Name of School | Degree/Diploma/Other | Month/Year Awarded |
|--|----------------|----------------------|--------------------|
| | | | |
| Mailing Address of School | | State | Zip Code |
| | | | |

7. Employment – List your employment activities, beginning with the present and working at least 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 to Month / Year 00/0000 to 00/0000 | Employer Name | Position / Title | | |
|--|---------------------------|---------------------------|---------------------------|----------|
| | | | | |
| Employer Mailing Address | | City | State | Zip Code |
| | | | | |
| Supervisor’s Name | Telephone Number () | Other Employer References | Telephone Number () | |
| | | | | |
| Reason You Left | | | | |
| | | | | |

| Month / Year to Month / Year 00/0000 to 00/0000 | Employer Name | Position / Title | | |
|--|---------------------------|---------------------------|---------------------------|----------|
| | | | | |
| Employer Mailing Address | | City | State | Zip Code |
| | | | | |
| Supervisor’s Name | Telephone Number () | Other Employer References | Telephone Number () | |
| | | | | |
| Reason You Left | | | | |
| | | | | |

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8. **Personal References** – List 4 people who know you well. They should be good friends, peers, co-workers, roommates, etc., who have known you for at least the last 5-years. Try not to list relatives or anyone who is listed elsewhere on this application. Verification of references is required as a condition of employment. Please be sure to provide complete and accurate information.

| | | | |
|------------------------|--|---------------------------------------|-----------------|
| Name | Dates Known 00/0000 to 00/0000 to | Telephone Number () | |
| Mailing Address | City | State | Zip Code |
| Name | Dates Known 00/0000 to 00/0000 to | Telephone Number () | |
| Mailing Address | City | State | Zip Code |

| | | | |
|------------------------|--|---------------------------------------|-----------------|
| Name | Dates Known 00/0000 to 00/0000 to | Telephone Number () | |
| Mailing Address | City | State | Zip Code |

| | | | |
|------------------------|--|---------------------------------------|-----------------|
| Name | Dates Known 00/0000 to 00/0000 to | Telephone Number () | |
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9. **Background Information** – For all questions, provide all additional required information in the space provided or on a separate sheet of paper. Ensure your full name and social security number is on any attachments to this application.

If **“YES”** to questions **A - H** Please use section **I** 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. Some questions require addition information [*] **Answering “YES” to a question does not necessarily exclude employment.**

YES **NO**

A. Have you **ever** 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]

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

B. Have you been convicted by a military court-martial in the past 5-years?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

- [If **YES**, also indicate military authority in section I]

C. Are you now facing charges for any violation of law?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

D. Have you **ever** been fired from any job for any reason, quit after being told that you would be fired, or you leave any job by mutual agreement because of specific problems?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

- [If **YES**, also indicate explanation of the problem, reason for leaving and employer’s name and address in section I]

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

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

F. 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?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

G. In the past five [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.] hallucinogenic [LSD, PCP, etc], or **illegally** used prescription drugs?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

- [If **YES**, also indicate the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received. in section I]

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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, school, 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 and criminal history record information.

I further authorize any investigator or other duly accredited representative of the **Pyramid Lake Paiute Tribe**, 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 official use by **Pyramid Lake Paiute Tribe** only for the purposes of determining my suitability for employment with the **Pyramid Lake Paiute Tribe**.

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 **Pyramid Lake Paiute Tribe**, whichever is sooner.

| | | |
|----------------------------|--------------|-------------|
| Signature [Black ink only] | Printed Name | Date Signed |
|----------------------------|--------------|-------------|

| | |
|------------------|------------------------|
| Other Names Used | Social Security Number |
|------------------|------------------------|

| | | | |
|------------------------|-------|----------|----------------------|
| Current Street Address | State | Zip Code | Contact Phone Number |
|------------------------|-------|----------|----------------------|