

# Investigative Questionnaire for a Child Contact Position

Information contained in this questionnaire is for Official Use Only.



**Notice to Applicant:** Section 231 of the Crime Control Act of 1990, Public Law 101-64 7 (codified in 42 United States Code § 13041 ), and 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 that involve regular contact with or control over Indian children. This statement is notice that a criminal record check will be conducted as a condition of employment.

1. Full Name				2. Date of Birth		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).				4. Social Security Number		
5. Your Telephone No.		6. Alternate Telephone No.		7. Your Email Address		
8. Place of Birth			9. Gender			
<i>City</i>	<i>County</i>	<i>State</i>	<input type="radio"/> Male			
			<input type="radio"/> Female			
10. 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. (Include the month and the year in the dates for each residence listed).						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
1)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
2)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
3)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
4)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
5)						
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
6)						
11. Residence/Employment in an Indian Community - List any Indian Reservation, Village, Pueblo, Rancheria, and/or Indian community in which you have lived or worked in the last 5 years.						

**Questionnaire Continuation**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Social Security Number</i>

**12. Education - List the schools you have attended, beginning with the most recent.  
(Use item #25 below, if more space is needed)**

<i>Month/Year to</i>	<i>Month/Year</i>	<i>Name of School</i>	<i>Major</i>	<i>State</i>
1)				
<i>Month/Year Awarded</i>		<i>Street Address and City of School</i>	<i>State</i>	<i>Zip Code</i>
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Name of School</i>	<i>Major</i>	<i>State</i>
2)				
<i>Month/Year Awarded</i>		<i>Street Address and City of School</i>	<i>State</i>	<i>Zip Code</i>
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Name of School</i>	<i>Major</i>	<i>State</i>
3)				
<i>Month/Year Awarded</i>		<i>Street Address and City of School</i>	<i>State</i>	<i>Zip Code</i>

**13. Military History**

<i>Have you Served in the United States Military? (If "YES," please provide a copy of your DD2 14 discharge papers).</i>		<input type="radio"/> YES	
		<input type="radio"/> NO	
<i>Month/Year to</i>	<i>Month/Year</i>	<i>Branch of Service</i>	<i>Type of Discharge</i>

*If you have ever received an "other than honorable" discharge from Military, please provide the circumstances surrounding your discharge.*

**Questionnaire Continuation**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Social Security Number</i>

**14. 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." (Include the month and the year in the dates of each employment activity listed).**

<i>Month/Year to</i>	<i>Month/Year</i>	<i>Employer Name</i>	<i>Phone Number</i>	<i>Position Title</i>
1)				
<i>Street Address and City of School</i>			<i>State</i>	<i>Zip Code</i>
<i>Supervisor's Name</i>		<i>Phone Number</i>	<i>Other Reference</i>	<i>Phone Number</i>
<i>Reason you left</i>				

<i>Month/Year to</i>	<i>Month/Year</i>	<i>Employer Name</i>	<i>Phone Number</i>	<i>Position Title</i>
2)				
<i>Street Address and City of School</i>			<i>State</i>	<i>Zip Code</i>
<i>Supervisor's Name</i>		<i>Phone Number</i>	<i>Other Reference</i>	<i>Phone Number</i>
<i>Reason you left</i>				

<i>Month/Year to</i>	<i>Month/Year</i>	<i>Employer Name</i>	<i>Phone Number</i>	<i>Position Title</i>
3)				
<i>Street Address and City of School</i>			<i>State</i>	<i>Zip Code</i>
<i>Supervisor's Name</i>		<i>Phone Number</i>	<i>Other Reference</i>	<i>Phone Number</i>
<i>Reason you left</i>				

<i>Month/Year to</i>	<i>Month/Year</i>	<i>Employer Name</i>	<i>Phone Number</i>	<i>Position Title</i>
4)				
<i>Street Address and City of School</i>			<i>State</i>	<i>Zip Code</i>
<i>Supervisor's Name</i>		<i>Phone Number</i>	<i>Other Reference</i>	<i>Phone Number</i>
<i>Reason you left</i>				

Questionnaire Continuation				
Last Name	First Name	Middle Name	Jr., II, etc.	Social Security Number
<b>15. Personal References - List 5 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. (Do not list relatives or anyone who is listed elsewhere on this application).</b>				
1) Reference Name	<b><u>Dates Known</u></b>		<b>Phone Number(s)</b>	
	Month/Year	to Month/Year	<input type="radio"/> Work:	
			<input type="radio"/> Cell:	
			<input type="radio"/> Home:	
Reference Street Address and City		State		Zip Code
2) Reference Name	<b><u>Dates Known</u></b>		<b>Phone Number(s)</b>	
	Month/Year	to Month/Year	<input type="radio"/> Work:	
			<input type="radio"/> Cell:	
			<input type="radio"/> Home:	
Reference Street Address and City		State		Zip Code
3) Reference Name	<b><u>Dates Known</u></b>		<b>Phone Number(s)</b>	
	Month/Year	to Month/Year	<input type="radio"/> Work:	
			<input type="radio"/> Cell:	
			<input type="radio"/> Home:	
Reference Street Address and City		State		Zip Code
4) Reference Name	<b><u>Dates Known</u></b>		<b>Phone Number(s)</b>	
	Month/Year	to Month/Year	<input type="radio"/> Work:	
			<input type="radio"/> Cell:	
			<input type="radio"/> Home:	
Reference Street Address and City		State		Zip Code
5) Reference Name	<b><u>Dates Known</u></b>		<b>Phone Number(s)</b>	
	Month/Year	to Month/Year	<input type="radio"/> Work:	
			<input type="radio"/> Cell:	
			<input type="radio"/> Home:	
Reference Street Address and City		State		Zip Code

**Questionnaire Continuation**

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

**16. 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.

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code§ 13041), and 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 that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

<p><b>1)</b> In the last 5 years, have you been cited, 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.) <i>(If "YES," use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>2)</b> Have you been convicted by a military court-martial in the past 5 years? <i>(If "YES," use item 17 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>3)</b> Are you now under charges for any violation of law? <i>(If "YES," use item 17 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>4)</b> Have you <b>ever</b> been cited, arrested for or charged with a crime involving a child? <i>(If "YES," use item 17 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).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>5)</b> 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? <i>(If "YES," use item 17 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).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>6)</b> 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? <i>(If "YES," use item 18 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>
<p><b>7)</b> 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.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs? <i>(If "YES," use item 18 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).</i></p>	<p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>

**Questionnaire Continuation**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Jr., II, etc.</i>	<i>Social Security Number</i>

**17.** If you have answered "YES" for questions 1 through 5 in section 16, please explain your answer(s) below and provide court documentation for the information submitted.

<i>Month/Year</i>	<i>Offense</i>	<i>Action Taken</i>	<i>Arresting Agency</i>	<i>State</i>	<i>Zip Code</i>
1)					
2)					
3)					
4)					
5)					

**18.** If you have answered "YES" for questions 6 or 7 in section 16, please explain your answer(s) below.

**19.** Use this section to provide further explanations to any of the above questions or for which you need more space.

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

**20. Certification that My Answers are True**

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 willful omission or a 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.

Applicant's/Consumer's Initials <input style="width: 50px; height: 20px;" type="text"/>	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 Oneida Nation, and my rights to challenge the accuracy and completeness of any information contained in my report.

Applicant's/Consumer's Signature <input style="width: 250px; height: 30px;" type="text"/>	Date

**21. 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, and criminal history record information.

I further authorize any investigator, or Incheck, 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 the Oneida Nation only for the purposes of determining my suitability for employment with Oneida Nation.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Oneida Nation and their officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

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 Oneida Nation, or whichever is sooner.

Printed Name	Signature		Date
Current Address	State	Zip Code	Contact Phone Number(s)
			<input type="radio"/> Primary:
			<input type="radio"/> Secondary:



**ONEIDA TRIBE OF INDIANS OF WISCONSIN  
VOLUNTEER, COMMUNITY SERVICE, COACH, AND STUDENT  
INTERN BACKGROUND SECURITY CHECK REQUEST FORM**

***Section A - To be completed by Supervisor***

Requestor/Supervisor  Date

Department:  Phone #:  FAX #:

Please check which category you are requesting:

- Volunteer                       Community Service  
 Coach (Not Paid)               Student Intern (Not Paid)  
 Other

Provide a brief description of the services the applicant will be providing within your department:

***Section B - To be Completed by the Applicant***

Applicant's Name   

Last
First
Middle

Position  Location

Social Security #  Date of Birth

Have you ever been convicted of any crime?     Yes     No

I hereby certify that all statements made are true, complete and correct to the best of my knowledge. I understand that if any false information, omission or misrepresentations are discovered, my request may be rejected.

I hereby authorize all persons and entities to whom this release is presented having information relating to me to furnish any and all such information to any authorized personnel within the Oneida Human Resources/Backgrounds for purposes of this request.

***Section C - To be completed by Backgrounds Manager:***

Applicant is:     Eligible             Not Eligible

Background Signature (required):  Date:

**Note:** A Background Information Disclosure (BID) form may be required based on location. Please contact a Backgrounds Investigator at 496-7000 to determine if form is required.