

## QUESTIONNAIRE for Positions Covered by Public Law 101-630 “Indian Child Protection and Family Violence Prevention Act”

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Why do we need the information you will give us and how will we use it?

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We use the information from this form primarily as the basis for an investigation that will be used to determine your suitability for a position, which involves regular contact with, or control over Indian children. The information you give us is for Official Use Only. We will protect it from unauthorized disclosure. Authorized disclosure includes the Privacy Act Routine Uses shown on this form. Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give each item of information we request. This may affect your placement or employment prospects.

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What authority do we have to ask you for the information requested on this form?

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The U.S. Government is authorized to ask for this information under Executive Order 10577 and Section 3301 of Title 5 of the United States Code, Parts 5, 731, and 736 of Title 5, Code of Federal Regulations and 25 United States Code 3207. We ask for your Social Security number to keep our record accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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What is the investigation process?

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Answers to question on this form, and on your Application for Employment, or other form are used in the investigation. The investigation may include inquiry into area such as honesty, judgment, and reliability. P.L. 101-630 positions require an investigation that relies on information from people who know you.

An interview with you is a normal part of the investigative process. This Person Subject Interview is generally the first step in the investigation, and is conducted under oath, affirmation, or unsworn declaration. It provides you the opportunity to update, clarify, and explain more completely information on your form, which often help to complete your investigation on your form, which often helps to complete your investigation faster. If your investigation requires a Person Subject Interview, you will be contacted in advance by telephone or mail to arrange a time and location for the interview. It is important that the interview be conducted as soon as possible, after you are contacted. Postponements will delay the processing of your investigation. Declining an interview may result in your investigation be delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include; documentation of any legal name change; Social Security card; and/or birth certificate. Documents that verify any significant claims or activities may also be requested, for example: alien registration; naturalization certificate; original or certified copies of college transcripts or degree; professional license(s); military discharge certificate(s) (DD Form 2 14); passport; and/or business licenses(s). You may also be asked to bring documents that pertain to information provided in your answers to questions on the form or other matter requiring specific attention. These matters include; termination or discharge from employment; delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligation; and arrests, convictions, probation and/or parole.

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Who makes a final determination?

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Final determination on your suitability for P.L. 101-630 position is the responsibility of the tribe or tribal organization that requested your investigation. You may be provided the opportunity to personally explain, refute, or clarify any information before a final decision is made.

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What are the penalties for inaccurate or false statements?

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The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony, which may result in fines of up to \$10,000, or five (5) years imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of your permanent record for future placements. Because the position, for which you are being considered, is one of public trust, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position. Your prospects are better if you answer all questions truthfully and completely.

How is the form filled out?

Follow the instructions of the person who gave you the form and any other supplementary information to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

# Personal History Statement

If additional space is needed, use a blank piece of paper. Each blank piece of paper you use must contain you name and Social Security number at the top of the page.

## SECTION ONE

FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Other names used in include: Alias, Maiden Names, Previous Married Names; Written or Oral)

CURRENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers

HOME: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
(Month) (Day) (Year)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_  
(Number) (State)

CITIZENSHIP: (Circle One) US or Other: Explain \_\_\_\_\_

GENDER: (Circle One) MALE FEMALE RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(City) (County) (State) (Country)

## SECTION TWO

EDUCATION

High School Name	City and State	Year Grad.

College Name	City and State	Year	Degree?

**SECTION THREE**

A. List places of residence for the last five (5) years:

CITY	COUNTY	STATE	FROM (Month/Year)	TO (Month/Year)

B. List three (3) personal references including one for each address listed.

NAME	CITY AND STATE	PHONE NUMBER (Include Area Code)

C. List information concerning your employment history for the past five (5) years. If not employed at anytime please explain, why.

NAME OF EMPLOYER	CITY AND STATE	PHONE (Include Area Code)	POSITION	FROM (M/Y)	TO (M/Y)



If “Yes,” use the Additional Space section at the end of this application to provide the date explanation of the violation, disposition of the arrest of charge, place or occurrence and the name and address of the police department or court involved.

6. During the last 5 years, were you 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 specific problems, or were you debarred from Federal, State, or Tribal employment by such respective agency and/or Tribe. [  ] Yes [  ] No

If “Yes,” use the Additional Space section at the end of this application to provide the date explanation of the problem and reason for leaving, and the employer’s name and address

7. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.  
[  ] Yes [  ] No

If “Yes,” use the Additional Space section at the end of this application to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

ADDITIONAL SPACE

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I certify that my response to these questions are made under Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

**PLEASE PRINT**

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

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

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Grand Portage Reservation to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment, or to retention as an employee. I acknowledge and agree that Grand Portage Reservation may conduct all or part of such investigation. I also acknowledge and agree that Grand Portage Reservation may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g., record of civil judgment, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts may be relevant to Grand Portage Reservation evaluation of my qualification and that such inquire will be made pursuant to such investigation to release and disclose it to Grand portage. I hereby release Grand Portage and any person providing information in connection therewith from any all liability which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide that following supplemental data to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data, and that if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within thirty (30) days from the date hereof to receive information concerning the nature and scope of the above described background investigation. The foregoing is in accordance with my understanding and agreement and my signature on this "Authorization for Release of Information: confirms my acceptance hereof. Copies of the "Authorization for Release of Information" that show my signature are a valid as the original "Authorization for Release of Information" signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Date Month Year

Print Name: \_\_\_\_\_  
First Name Middle Name Last Name

Signature: \_\_\_\_\_

This "Authorization for Release of Information shall not be valid later than ninety (90) days from the date signed above. You may be asked to complete a new "Authorization for Release of Information" upon the expiration of such ninety (90) day period.