

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 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).				4. Mother's Maiden Name		
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 on an Indian Reservation – List any Indian Reservation, Village, or Community 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 23, 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 2) _____ To _____	Employer Name			Position Title
Employer Street Address		City	State	Zip Code
Supervisor's Name	Telephone number ()	Other Employer Reference		Telephone Number ()
Reason you left				

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

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

Month/Year 5) _____ To _____	Employer Name			Position Title
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. 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.) You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide the date , explanation of violation, final disposition, 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?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 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 or awaiting trial for any violation of law?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved.				
17. Have you ever been fired from any job for any reason, did you quit after being told that you would be fired, have you resigned at the request of your employer or while employment charges or an investigation into your conduct was pending, 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 23 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, a sex crime or a drug felony? You must answer "Yes" even if the matter was later dismissed, deferred, vacated or expunged. REQUIRED BY PL 101-647			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES", use item 23 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.				

Application continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
19. Have you ever had a license or certificate of any kind revoked or suspended, have you been sanctioned, penalized or investigated by any licensing, certifying, or regulating agency, or is any charge, investigation, disciplinary action or complaint now pending against you by virtue of any license or certificate? If "YES", use item 23 to provide the name, address and telephone number of the licensing, certifying or regulating agency, a statement of the accusations against you, the date of any proceedings, and the final disposition of the matter(s).				YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felony or 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? REQUIRED BY PL 101-630 If "YES," use item 23 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.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. 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? If "YES", use Item 23 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.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
22. 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? If "YES", use Item 23 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.				YES <input type="checkbox"/>	NO <input type="checkbox"/>
23. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.					

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 a false, incomplete or 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 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 summary of any criminal history report made available to the Kaw Nation and my rights to challenge the accuracy and completeness of any information contained in the report.
_____ Applicant's Signature Printed Name Date

Authorization for Release of Information

I authorize and consent to any investigator, or other duly accredited representative of the Kaw Nation, who is 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, whether or not specifically requested.

I further authorize and consent to any investigator, or other duly accredited representative of the Kaw Nation 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 and consent to 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 Kaw Nation and only for the purpose of determining my suitability for employment with the Kaw Nation.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Kaw Nation and their respective 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 there from. **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 or facsimiles 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 Kaw Nation 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 ()	