



**MISSISSIPPI BAND OF CHOCTAW INDIANS**  
**BACKGROUND INVESTIGATION QUESTIONNAIRE/APPLICATION**  
**FOR DIVISION OF EDUCATION POSITIONS**

*Information contained in this questionnaire is for official use only.*

**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 national criminal record check will be conducted as a condition of employment. **PLEASE GIVE FULL NAME ON THE APPLICATION DUE TO INVESTIGATION PURPOSE. DO NOT USE YOUR MAIDEN NAME AS YOUR MIDDLE NAME.**

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
<b>3. Other Names Used:</b> Maiden Name, Former Marriage Name(s), Alias(s), or Nickname(s). Names				<b>4. Mother's Maiden Name</b>		
<b>5. Social Security Number</b>				<b>6. Driver's License Number</b>		<b>State</b>
<b>7. Your Telephone No.</b> (      )		<b>8. Place of Birth</b>				
		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.

Month/Year	Month/Year	Street Address	City	State	Zip code
1)	To Present				
2)	To				
3)	To				
4)	To				

**10. Employed or Residence on an Indian Reservation** – List any Indian Reservation, Village, or Community in which you have **worked** or lived in the last 5 years. Use item 25, if more space is needed.



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11. <b>Education</b> – List the schools you have attended, beginning with the most recent and working back. Use item 25, if more space is needed. <b>Attach official transcript(s) OR teacher’s or administrator’s license as position requires.</b>				
Month/Year	Month/Year	Name of School and Address:	Degree/Diploma/Other	Month/Year Awarded
To				
Month/Year	Month/Year	Name of School and Address:	Degree/Diploma/Other	Month/Year Awarded
To				
Month/Year	Month/Year	Name of School and Address:	Degree/Diploma/Other	Month/Year Awarded
To				
Month/Year	Month/Year	Name of School and Address:	Degree/Diploma/Other	Month/Year Awarded
To				

12. <b>Employment History</b> – List employment history beginning with the present and working back <b>5 years</b> , if unemployed during the time frame, list dates and write ‘unemployed’ or ‘attending school’. The 5 year period must be accounted for without breaks.					
Month/Year	Month/Year	Employer Name		Position Title	
1) To <b>Present</b>					
Employer Street Address			City	State	Zip Code
Supervisor’s Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					
Month/Year	Month/Year	Employer Name		Position Title	
2) To					
Employer Street Address			City	State	Zip Code
Supervisor’s Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					
Month/Year	Month/Year	Employer Name		Position Title	
3) To					
Employer Street Address			City	State	Zip Code
Supervisor’s Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					



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

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

**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 5 years. Do not list relatives or anyone who is listed anywhere on this application.**

1) Name	Dates Known Month/Year    Month/Year To <b>PRESENT</b>	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 <b>PRESENT</b>	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 <b>PRESENT</b>	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night ( )
Home or Work Address	City	State    Zip Code

<p>14. Have you <b>ever</b> 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?</p> <p><i>If "YES", please provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. If additional space is needed use item 25.</i></p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
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<b>Military History:</b>		
15. Have you served in the United States military? (If applicable, provide a DD-214)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you been convicted by a military court-martial?  <i>If "YES", please provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. If additional space is needed use item 25.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Month/Year	Type of Discharge	
<b>Selective Service Record:</b>		
17. Are you a male born after December 31, 1959?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered "Yes" to the question above, have you registered with the Selective System? If "Yes", provide your registration number. If "No", provide the reason for your legal exemption.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Number	Legal Exemption Explanation	
<b>Police Record:</b>		
18. Have you <b>ever</b> 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.  <i>If "YES", please provide the date, explanation of violation, final disposition, place of occurrence, and the name and address of the police department or court involved. If additional space is needed use item 25.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Are you now under charges or awaiting trial for any violation of law?  <i>If "YES", please provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved. If additional space is needed use item 25.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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<p>20. Have you <b>ever</b> 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.</p> <p style="text-align: center;"><b>REQUIRED BY PL 101-647</b></p> <p><i>If "YES", please 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. If additional space is needed use item 25.</i></p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
<p>21. Have you <b>ever</b> 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?</p> <p><i>If "YES", please 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). If additional space is needed use item 25.</i></p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
<p>22. Have you <b>ever</b> 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? <b>REQUIRED BY PL 101-630</b></p> <p><i>If "YES," please 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. If additional space is needed use item 25.</i></p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>
<p>23. In the last 5 years have you <b>illegally</b> 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 <b>illegally</b> used prescription drugs?</p> <p><i>If "YES", please 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. If additional space is needed use item 25.</i></p>	<p>YES</p> <input type="checkbox"/>	<p>NO</p> <input type="checkbox"/>



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<p>24. 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?</p> <p><i>If "YES", please 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. If additional space is needed use item 25.</i></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>25. Use this space to provide more explanations to any questions you may have answered, "YES" on this questionnaire.</p>		



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**Certification that My Answers are True**

By signing my signature and date below, I hereby certify and attest under penalty of perjury that all of my statements both within and attached to this application are true, complete, and accurate 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 lead to the withdrawal of an employment offer or to termination of employment. I have received notice that a national 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 Mississippi Band of Choctaw Indians and my right to challenge the accuracy and completeness of any information contained therein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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**Authorization for Release of Information**

I authorize and consent to any investigator, or other duly accredited representative of the Mississippi Band of Choctaw Indians, 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 national criminal history record information, whether or not specifically requested.

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

**I forever release, fully discharge, and agree to indemnify, defend and hold harmless** the Mississippi Band of Choctaw Indians 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 national 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 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 Mississippi Band of Choctaw Indians whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Position for which you are being Investigated				Primary Contact Number
Current Address	City	State	Zip Code	Secondary Contact Number (    )



