

# BLACKWATER COMMUNITY SCHOOL AKIMEL O'OTHAM PEE POSH CHARTER SCHOOL INC. "QUALITY EDUCATION BEGINS HERE"



## **Pre-Employment/Investigation Disclosure Notice**

## Disclosure Notice: The information you will provide in this document will be limited to Employment related purposes only.

| · · · · · · · · · · · · · · · · · · ·   |
|---|
|   |
|   |
|   |
| Applicant/Employee First/Last Name  |
| nd Blackwater Community School, the School may obtain information about you from outside sources to include             |
| onsumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which |

and <u>Blackwater Community School</u>, the School may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

| APPLICANT / EMPLOYEE / VOLUNTEER: |        |
|-----------------------------------|--------|
| Signature:                        | _Date: |
| Printed Name                      |        |

### **Questionnaire for Designated Child Care Positions**

#### **Instructions for Completing This Form**

- 1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
- 2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
- 3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
- 4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
- 5. For telephone numbers in the U.S., ensure that the area code is included.
- 6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

#### **Penalties for Inaccurate or False Statements**

Blackwater Community School's internal policies and it is noted that the U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

#### **Disclosure Information**

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with Blackwater Community School 's

privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the Blackwater Community School 's privacy procedures. You will not receive prior notice of such disclosures under routine use.

## **Questionnaire for Designated Child Care Positions**

Persons completing this form should begin with the questions below after carefully reading the preceding instructions.

I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify

YES

 $\odot$ 

NO

| information on the in the instruction employment.  |  |   |                                   |                          |                                |  |   |                      |                                   | (                    | •                | 0              |
|--|--|---|-----------------------------------|--------------------------|--------------------------------|--|---|----------------------|-----------------------------------|----------------------|------------------|----------------|
| 1. Full Name   |  |   |                                   |                          |                                |  |   |                      |                                   |                      |                  |                |
| Last Name  |  |   | First Na                          | me                       |                                |  |   | Middle Na            | ame                               |                      | Jr., II,         | etc            |
| 2. Other Names Us<br>used other names, p<br>Have you used any othe   | rovide your o  |   |                                   |                          |                                |  |   |                      | responded 'Ye                     |                      |                  | NO             |
|  | i names :  |   |                                   |                          |                                | ( )                                    |   |                      |                                   | (                    | S<br>)           | NO<br>O        |
| Name   |  |   |                                   |                          |                                |  | why the name cha                                      | _                    |                                   |                      |                  |                |
| Name   |  |   |                                   | P                        | Provide th                     | ne reason(s)                           | why the name cha                                      | anged                |                                   |                      |                  |                |
| 3. Date of Birth   |  |   |                                   | •                        |                                |  | 4. Social Se  | curity Nu            | ımber                             |                      |                  |                |
| Month 00   | Day 00   | 0                                       | Year 000                          | 00                       |                                | <b>—</b>                               |   |                      |                                   |                      |                  |                |
| 5. Driver's License  | No.  |   | (                                 | 6. Pla                   | ce of E                        | Birth                                  |   |                      |                                   |                      |                  |                |
| No.:   |  | State Issued:                           | (                                 | City                     |                                |  |   | County               |                                   |                      | State            |                |
| 7. Your Contact Infi<br>identify subjects in r<br>Personal/Home Email Ad   | ecords.  | Provide your                            | contact ir                        | nforma                   | ation. E                       |  | esses may be u  |                      | contact meth                      | od and               | to               |                |
|  |  |   |                                   |                          |                                |  |   |                      |                                   |                      |                  |                |
| Home Telephone Numb  | er   | Day O<br>Night O                        | Cell/Mo                           | bile Tel                 | lephone                        | Number                                 | Day O<br>Night O                                      | Work/Alte            | ernative                          |                      |                  | Day O<br>ght O |
|  |  |   |                                   |                          |                                |  |   |                      |                                   |                      |                  |                |
| 8. Where You Have<br>Residence for the el<br>Office box. If you sp<br>residence before yo<br>locations of less tha | ntire period n<br>lit your time l<br>ur 18 <sup>th</sup> birthda | nust be accorbetween one ay unless to p | unted for<br>or more<br>provide a | witho<br>reside<br>minim | out brea<br>ences of<br>num of | ks. Indica<br>luring the<br>2 years re | te the physical<br>time period, yo<br>esidence histor | location ou must lis | of your reside<br>st all residenc | nce, not<br>es. Do r | a Po<br>not list | st             |
| Enter Residence In   |  | 4 .1                                    |                                   |                          |                                |  |   |                      |                                   |                      |                  |                |
| #1 - Provide dates of  | <u> </u>   |   |                                   |                          |                                |  | Is this residen                                       |                      |                                   |                      |                  |                |
| From Date (Month/Year)   | □E   | st. To Da                               | te (Month/                        | Year)                    |                                |  | Owned by Military H                                   | y you                | Rented or le                      | ased by y            | ou               |                |
| Street Address   |  | I                                       |                                   |                          |                                | City                                   | 1   |                      | State                             | Zip coo              | de               |                |
| Is the residence with  | in an Indian I   | Reservation,                            | Village, C                        | Comm                     | unity, F                       | Rancheria                              | or Pueblo?  |                      |                                   | O Ye                 | es C             | ) No           |
| If yes, list:  | nmunity, State   |   | -                                 |                          | •                              |  |   |                      |                                   |                      |                  |                |
| Cor  | mmumity, State   |   |                                   |                          |                                |  |   |                      |                                   |                      |                  |                |

| Questionnaire Continuation                |              |                        |                   |                                  |                                 |  |  |  |  |  |
|---|--------------|------------------------|-------------------|----------------------------------|---------------------------------|--|--|--|--|--|
| Last Name                                 | First Name   |                        | Middle Name       | Jr., II, etc.                    | Last 4 - Social Security Number |  |  |  |  |  |
|   |              |                        |                   |                                  |                                 |  |  |  |  |  |
| Where You Have Lived –                    | Continued    |                        |                   |                                  |                                 |  |  |  |  |  |
| #2 - Provide dates of residence.          | Johanada     |                        |                   |                                  |                                 |  |  |  |  |  |
| From Date (Month/Year)                    | Est          | To Date (Month/Year)   | Est               | Is this residence:               |                                 |  |  |  |  |  |
| Trom Bate (mental)                        |              | To Bato (Monthly Foar) |                   | Owned by you Military Housing    | Rented or leased by you Other   |  |  |  |  |  |
| Street Address                            |              | ,                      | City              |                                  | State Zip code                  |  |  |  |  |  |
| Is the residence within an Ir             | dian Reserv  | vation, Village, Com   | munity, Rancheria | or Gila River?                   | O Yes O No                      |  |  |  |  |  |
| If yes, list:                             |              | , , ,                  | <i>,</i>          |                                  |                                 |  |  |  |  |  |
| Community,                                | State        |                        |                   |                                  |                                 |  |  |  |  |  |
|   |              |                        |                   |                                  |                                 |  |  |  |  |  |
| #3 - Provide dates of residence.          |              |                        |                   | Is this residence:               |                                 |  |  |  |  |  |
| From Date (Month/Year)                    | ☐ Est        | To Date (Month/Year)   | ☐ Est             | Owned by you                     | Rented or leased by you         |  |  |  |  |  |
|   |              |                        |                   | Military Housing                 | ž //                            |  |  |  |  |  |
| Street Address                            |              |                        | City              |                                  | State Zip code                  |  |  |  |  |  |
| Is the residence within an Ir             | idian Reserv | vation Village Com     | munity Rancheria  | or Gila River 2                  | O Yes O No                      |  |  |  |  |  |
| If yes, list:                             | idian Neseri | vation, village, com   | manity, reamonema | TOI GIIA TAIVEI :                | <u> </u>                        |  |  |  |  |  |
| Community,                                | State        |                        |                   |                                  |                                 |  |  |  |  |  |
|   |              |                        |                   |                                  |                                 |  |  |  |  |  |
| #4 - Provide dates of residence.          |              | 1                      |                   | T                                |                                 |  |  |  |  |  |
| From Date (Month/Year)                    | □Est         | To Date (Month/Year)   | ☐ Est             | Is this residence:  Owned by you | Rented or leased by you         |  |  |  |  |  |
|   |              |                        |                   | Military Housing                 | Ξ                               |  |  |  |  |  |
| Street Address                            |              |                        | City              | <u> </u>                         | State Zip code                  |  |  |  |  |  |
|   |              |                        |                   |                                  |                                 |  |  |  |  |  |
| Is the residence within an Ir             | dian Reser   | vation, Village, Com   | munity, Rancheria | or Gila River?                   | O Yes O No                      |  |  |  |  |  |
| If yes, list:                             |              |                        |                   |                                  |                                 |  |  |  |  |  |
| Community,                                | State        |                        |                   |                                  |                                 |  |  |  |  |  |
| //s 5 · · · · · · · · · · · · · · · · · · |              |                        |                   |                                  |                                 |  |  |  |  |  |
| #5 - Provide dates of residence.          |              | To Date (Month Wear)   |                   | Is this residence:               |                                 |  |  |  |  |  |
| From Date (Month/Year)                    | ☐ Est        | To Date (Month/Year)   | ☐ Est             | Owned by you Military Housing    | Rented or leased by you Other   |  |  |  |  |  |
| Street Address                            |              | <u> </u>               | City              | , , , , ,                        | State Zip code                  |  |  |  |  |  |
|   |              |                        |                   |                                  |                                 |  |  |  |  |  |
| Is the residence within an In             | dian Reser   | vation, Village, Com   | munity, Rancheria | or Gila River?                   | O Yes O No                      |  |  |  |  |  |
| If yes, list:                             |              |                        |                   |                                  |                                 |  |  |  |  |  |
| Community,                                | State        |                        |                   |                                  |                                 |  |  |  |  |  |

|  |                | Quest                                 | ionnaire Continuati     | on              |                        |                                      |  |
|--|----------------|---------------------------------------|-------------------------|-----------------|------------------------|--------------------------------------|--|
| Last Name  | First Name     |                                       | Middle Name             | Jr., II, etc.   |                        | Last 4 - Social Security Num         | ber  |
|  |                |                                       |                         |                 |                        |                                      |  |
|  |                |                                       |                         |                 |                        |                                      |  |
| 9. Where You Went to Sci   | nool – Do n    | ot list education befo                | ore vour 18th birthday  | v. unless to pr | ovide a i              | minimum of two years                 | of   |
| education history.   |                |                                       | ,                       | ,               |                        | ,                                    |  |
| Have you received a degree   | or diploma     | in the last <b>5 years</b> ?          | 1                       |                 |                        |                                      |  |
|  |                |                                       |                         |                 |                        |                                      |  |
| Yes No (if no, proc  |                | <u> </u>                              |                         |                 |                        |                                      |  |
| If yes, provide the following  | dates of atte  | endance and reques                    | sted information.       |                 |                        |                                      |  |
| #1 - Provide dates of attendance.  |                | 1                                     |                         | Coloot the mar  | ot annranri            | ate description of your school       | <u>,                                    </u> |
| From Date (Month/Year)   | ☐ Est          | To Date (Month/Year)                  | □Est                    | O High Sch      |                        | Vocational/Technical/                |  |
|  |                |                                       |                         | O College/L     |                        | Online/Distance Scho                 |  |
| Provide the name of the school.  |                |                                       |                         | O conogore      | riivoroity             | O CHIMIO/BIOLATIOO COTA              |  |
|  |                |                                       |                         |                 |                        |                                      |  |
| Provide the street address of the s<br>Street Address (Include city, state |                |                                       | ovide the address where | the records are | maintained<br>Telephor |                                      |  |
| Sileet Address (ilicidde city, state                                       | , and zip code | )                                     |                         |                 | releprior              | ie No.                               |  |
|  |                |                                       |                         |                 | ( )                    |                                      |  |
| Did you receive a degree/d   | nloma?         | Yes No If                             | You provide time of     | dograa(a)/dia   | oloma(a)               | received and date(s) a               | worded                                       |
| Choose one:  | •              | Major/Focus:                          | yes, provide type of    | degree(s)/dip   | Dioma(s)               | Date awarded                         |  |
| O Degree Attendar  |                | viajoi/i ocus.                        |                         |                 |                        | (Month/Year)                         | ☐ Est  |
| Other (E   | xplain)        |                                       |                         |                 |                        |                                      |  |
|  |                |                                       |                         |                 |                        |                                      |  |
| #2 - Provide dates of attendance.  |                | 1                                     |                         | T =             |                        |                                      |  |
| From Date (Month/Year)   | ☐ Est          | To Date (Month/Year)                  | □Est                    |                 |                        | ate description of your scho         |  |
|  |                |                                       |                         | High Sch        |                        | Vocational/Technical/                |  |
| Provide the name of the school.  |                |                                       |                         | O College/U     | Iniversity             | Online/Distance Scho                 | 001  |
| Frovide the name of the school.  |                |                                       |                         |                 |                        |                                      |  |
| Provide the street address of the  |                |                                       | ovide the address where | the records are |                        |                                      |  |
| Street Address (Include city, state  | , and zip code | )                                     |                         |                 | Telephor               | ie No.                               |  |
|  |                |                                       |                         |                 | ( )                    |                                      |  |
| Did  | -laa0 (        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                         |                 |                        |                                      |  |
| Did you receive a degree/d   |                | 4.5                                   | yes, provide type of    | degree(s)/dip   | oloma(s)               | received and date(s) a  Date awarded |  |
| Degree Attendar  |                | Major/Focus:                          |                         |                 |                        | (Month/Year)                         | ☐ Est  |
| Diploma Other (E   |                |                                       |                         |                 |                        | ,                                    |  |
|  |                |                                       |                         |                 |                        |                                      |  |
| #3 - Provide dates of attendance.  |                |                                       |                         |                 |                        |                                      |  |
| From Date (Month/Year)   | ☐ Est          | To Date (Month/Year)                  | □ <sub>Est</sub>        |                 |                        | ate description of your scho         |  |
|  |                |                                       |                         | High Sch        |                        | O Vocational/Technical/              |  |
|  |                |                                       |                         | O College/L     | Iniversity             | Online/Distance Scho                 | ool  |
| Provide the name of the school.  |                |                                       |                         |                 |                        |                                      |  |
| Provide the street address of the  | school. For Or | nline/Distance school, pr             | ovide the address where | the records are | maintained             | d                                    |  |
| Street Address (Include city, state  | , and zip code | )                                     |                         |                 | Telephor               | ne No.                               |  |
|  |                |                                       |                         |                 | ( )                    |                                      |  |
|  |                |                                       |                         |                 | ( )                    |                                      |  |
| Did you receive a degree/d   | •              |                                       | yes, provide type of    | degree(s)/dip   | oloma(s)               | received and date(s) a               | warded.                                      |
| Choose one:  Degree Attendar   |                | Major/Focus:                          |                         |                 |                        | Date awarded                         | ☐ Est  |
| Degree Attendar Diploma Other (E   |                |                                       |                         |                 |                        | (Month/Year)                         |  |

| 10. Employment Activities - period must be accounted for not list employment before yo Entry #1 – Select your employment a | without brour 18 <sup>th</sup> birt | eaks. For periods o     | of unempl                              | oyment, list    | dates and     | l "unemploye                       | d" or "attendi    |             |          |
|--|-------------------------------------|-------------------------|--|-----------------|---------------|------------------------------------|-------------------|-------------|----------|
| Employer Name:   | •                                   |                         |  |                 |               |                                    |                   |             |          |
| Active Military Federal Contractor National Guard/Reserve  |                                     | O State Gove            | eral Employm<br>ernment<br>nment Emplo |                 |               | Self-employm<br>Unemploym<br>Other | nent              |             |          |
| From Date (Month/Year)   | ☐ Est                               | To Date (Month/Year)    |  | ☐ Est           | Select the e  | employment state<br>me O Pa        | tus:<br>art-time  |             |          |
| Provide your assigned duty station of  | luring this pe                      | riod. (City and State)  |  | Provide your    | most recent   | t position title.                  |                   |             |          |
| Street Address   |                                     |                         |  | City            |               |                                    | State             | Zip code    |          |
| Telephone Number   |                                     |                         |  | Alternate Te    | lephone Nun   | nber                               |                   |             |          |
| Provide the name of your su  | pervisor.                           |                         |  |                 |               |                                    | 1                 |             |          |
| Last Name  | •                                   | First Name              |  |                 |               |                                    | Position Title    |             |          |
| Provide the following contact information  | ation for this p                    | person.                 |  |                 |               | l .                                |                   |             |          |
| Home Telephone Number  | Day                                 | Cell/Mobile Tele        | phone Num                              | ber             | Day 🔘         | Work/Alternativ                    | ve                |             | Day 🔘    |
| ( )  | Night                               | O ( )                   |  |                 | Night O       | ( )                                |                   |             | Night O  |
| Provide e-mail address for this person   |                                     |                         |  |                 |               |                                    |                   | □ I do      | n't know |
| Provide street address for this perso  | n (including a                      | apartment number). Ind  | clude city, s                          | tate, and zip o | ode.          |                                    |                   |             |          |
| For this employment, in the <b>last 7 ye</b> workplace, such as a violation of po  |                                     |                         |  |                 |               |                                    |                   |             | O No     |
| If Yes, provide the reason(s) for bein   | ig warned, re                       | primanded, suspended    | , disciplined                          | d or reviewed ι | under inquiry | or investigation                   | . [               | Date: (Mor  | th/Year) |
| For this employment have any of the  |                                     |                         |  |                 |               |                                    | fired, left by mu | itual agree | ment     |
| including charges or allegations of n  | nisconduct, ie                      | en by mutual agreemer   | it iollowing                           | notice of unsa  | usiaciory pe  | normance.                          | (                 | Yes         | O No     |
| Select your type of incident:  |                                     | Reason:                 |  |                 |               |                                    | Employment I      | Departure l | Date:    |
| Fired  |                                     | Provide the reas        |  |                 |               |                                    | (Month/Year)      |             | ☐ Est.   |
| O Quit after being told you w  | ould be fir                         | ed. Provide the reas    | on.                                    |                 |               |                                    | (Month/Year)      |             | ☐ Est.   |
| O Left by mutual agreement charges or allegations of n   |                                     | Provide the char        | rges or alleç                          | gations.        |               |                                    | (Month/Year)      |             | Est.     |
| If no longer employed, provide the s   | pecific reasor                      | n you left the employme | ent activity:                          |                 |               |                                    | •                 |             |          |
| Is the employment location wi  | thin an Ind                         | an Reservation, Vi      | llage, Co                              | mmunity, Ra     | ancheria o    | r Gila River Ir                    | ndian ?           | O Yes       | O No     |
| If yes, list:Community, St.  | ate                                 |                         |  |                 |               |                                    |                   |             |          |
| John Marity, Ott   |                                     |                         |  |                 |               |                                    |                   |             |          |

**Questionnaire Continuation** 

Jr., II, etc.

Last 4 - Social Security Number

Middle Name

Last Name

First Name

|                                      |                     | Quest                  | ionnaire                | Continuation                                   | n             |                       |   |               |               |
|--------------------------------------|---------------------|------------------------|-------------------------|--|---------------|-----------------------|---|---------------|---------------|
| Last Name                            | First Name          |                        | Middle Na               | ame  | Jr., II, etc  | . La:                 | st 4 - Social Sec                       | curity Numb   | ber           |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| Employment Activities - Co           | ontinued.           |                        |                         |  |               |                       |   |               |               |
| Entry #2 – Select your employmen     | nt activity.        |                        |                         |  |               |                       |   |               |               |
| Employer Name:                       |                     |                        |                         |  |               |                       |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| Active Military Federal Contractor   |                     | Other Fede             | eral Employm<br>ernment | ent  |               | Self-employ Unemploym |   |               |               |
| National Guard/Reserve               |                     |                        | nment Emplo             | yment  |               | Other                 |   |               |               |
| From Date (Month/Year)               | ☐ Est ☐             | To Date (Month/Year)   |                         | ☐ Est  | _             | employment sta        |   |               |               |
|                                      |                     |                        |                         |  | O Full-tir    |                       | rt-time                                 |               |               |
| Provide your assigned duty station   | n during this perio | od. (City and State)   |                         | Provide your                                   | most recent   | t position title.     |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| Street Address                       |                     |                        |                         | City   |               |                       | State                                   | Zip code      |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| Telephone Number                     |                     |                        |                         | Alternate Te                                   | lephone Nun   | nber                  |   |               |               |
| Provide the name of your             | supervisor          |                        |                         |  |               |                       |   |               |               |
| Last Name                            | ouper vicon         | First Name             |                         |  |               |                       | Position Title                          |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| Provide the following contact infor  | mation for this pe  | rson.                  |                         |  |               |                       |   |               |               |
| Home Telephone Number                | Day (               | _                      | phone Nun               | nber   | Day 🔿         | Work/Alternativ       | /e                                      |               | Day 🔘         |
| ( )                                  | Night C             | 5 ( )                  |                         |  | Night O       | ( )                   | . •                                     |               | Night O       |
| Provide e-mail address for this per  | -                   | -   ( )                |                         |  | 9             |                       |   | □ I do        | n't know      |
| Trovide o mail address for the por   | 0011.               |                        |                         |  |               |                       |   |               |               |
| Provide street address for this per  | son (including ap   | artment number). In    | clude city, s           | state, and zip o                               | ode.          |                       |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
| For this employment, in the last 7   |                     |                        |                         |  |               |                       |   |               |               |
| workplace, such as a violation of p  | oolicy or were yo   | u the subject of an In | ternal Affai            | rs inquiry or ac                               | Iministrative | investigation ba      | sed on allegation                       | ons?<br>O Yes | O No          |
| If Yes, provide the reason(s) for be | eing warned repr    | imanded suspended      | l discipline            | d or reviewed I                                | ınder inquiry | or investigation      |   | Date: (Mor    | " " "         |
| in roo, provide the reason(e) for se | onig warnou, ropi   | imanada, dasponada     | i, diooipiirio          | a or roviowou c                                | andor inquiry | or invoorigation.     | '   '                                   | Dato: (IVIOI  | ia ii i Gai j |
| For this employment have any of      | the following han   | nanad ta yay in the I  | act 7 years             | 2 Fired quit a                                 | ftor boing to | d you would bo        | fired left by my                        | itual agrao   | mont          |
| including charges or allegations of  |                     |                        |                         |  |               |                       | illeu, leit by filt                     |               | _             |
|                                      |                     |                        | _                       |  |               |                       | (                                       | Yes           | O No          |
| Select your type of incident:        |                     | Dura da da una         | f                       | Reason:  |               |                       | Employment                              | Departure I   |               |
| O Fired                              |                     | Provide the reas       | son tirea.              |  |               |                       | (Month/Year)                            |               | ☐ Est.        |
|                                      |                     | Provide the reas       | son                     |  |               |                       | (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |               | ☐ Est.        |
| Quit after being told you            | would be fire       | d.                     |                         |  |               |                       | (Month/Year)                            |               |               |
| Left by mutual agreemen              | nt following        | Provide the char       | rges or alle            | gations.                                       |               |                       | (Month/Year)                            |               | ☐ Est.        |
| charges or allegations of            | f misconduct.       |                        |                         |  |               |                       | (mond)                                  |               | <b>_</b>      |
| If no longer employed, provide the   | specific reason     | ou left the employme   | ent activity:           |  |               |                       |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               |               |
|                                      |                     |                        |                         |  |               |                       |   |               | <u>.</u>      |
| Is the employment location v         | within an India     | n Reservation, Vi      | illage, Co              | mmunity, Ra                                    | ancheria o    | r Pueblo?             |   | O Yes         | O No          |
| If yes, list:                        |                     | •                      | <u>-</u>                | <u>* · · · · · · · · · · · · · · · · · · ·</u> |               |                       |   |               |               |
| Community                            | State               |                        |                         |  |               |                       |   |               |               |

| Questionnaire Continuation                         |                    |                         |               |                  |               |                   |                  |             |           |  |
|--|--------------------|-------------------------|---------------|------------------|---------------|-------------------|------------------|-------------|-----------|--|
| Last Name  | First Name         |                         | Middle Na     | ame              | Jr., II, etc  | . La              | st 4 - Social Se | curity Numb | per       |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Employment Activities - C                          | ontinued.          |                         |               |                  |               |                   |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Entry #3 – Select your employmer<br>Employer Name: | it activity.       |                         |               |                  |               |                   |                  |             |           |  |
| Employof Namo.                                     |                    |                         |               |                  |               |                   |                  |             |           |  |
| Active Military                                    |                    | Other Fede              | eral Employm  | nent             |               | Self-employ       | ment             |             |           |  |
| Federal Contractor                                 |                    | State Gove              | ernment       |                  |               | O Unemploym       |                  |             |           |  |
| National Guard/Reserve                             |                    | Non-gover               | nment Emplo   |                  | 0-144         | Other             | t                |             |           |  |
| From Date (Month/Year)                             | ☐ Est              | To Date (Month/Year)    |               | ☐ Est            | _             | employment stat   |                  |             |           |  |
|  |                    |                         |               |                  | O Full-tir    |                   | art-time         |             |           |  |
| Provide your assigned duty station                 | n during this peri | od. (City and State)    |               | Provide your     | most recent   | t position title. |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Street Address                                     |                    |                         |               | City             |               |                   | State            | Zip code    |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Telephone Number                                   |                    |                         |               | Alternate Te     | lephone Nun   | nber              |                  |             |           |  |
|  |                    |                         |               | 7                |               |                   |                  |             |           |  |
| Provide the name of your                           | supervisor.        |                         |               |                  |               | 1                 |                  |             |           |  |
| Last Name  |                    | First Name              |               |                  |               |                   | Position Title   |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Provide the following contact inform               | mation for this p  | erson.                  |               |                  |               | <b>,</b>          |                  |             |           |  |
| Home Telephone Number                              | Day (              | Cell/Mobile Tele        | phone Nun     | nber             | Day 🔘         | Work/Alternativ   | ve               |             | Day 🔵     |  |
| ( )  | Night (            | $\tilde{O}(1)$          |               |                  | Night O       | ( )               |                  |             | Night O   |  |
| Provide e-mail address for this per                | rson.              |                         |               |                  |               |                   |                  | □ I do      | n't know  |  |
| F  |                    |                         |               |                  |               |                   |                  |             |           |  |
| Provide street address for this per                | son (including a   | partment number). In    | clude city, s | state, and zip o | ode.          |                   |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| For this employment, in the last 7                 |                    |                         |               |                  |               |                   |                  |             |           |  |
| workplace, such as a violation of p                | policy or were yo  | ou the subject of an In | ternal Affai  | rs inquiry or ac | Iministrative | investigation ba  | sed on allegat   |             |           |  |
|  |                    |                         |               |                  |               |                   |                  | O Yes       | O No      |  |
| If Yes, provide the reason(s) for be               | eing warned, rep   | rimanded, suspended     | I, discipline | d or reviewed ι  | under inquiry | or investigation  |                  | Date: (Mor  | ith/Year) |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| For this employment have any of                    |                    |                         |               |                  |               |                   | fired, left by m | utual agree | ment      |  |
| including charges or allegations or                | f misconduct, le   | ft by mutual agreeme    | nt following  | notice of unsa   | tisfactory pe | rformance.        |                  | Yes         | O No      |  |
| Calaat your type of incident:                      |                    |                         |               | Reason:          |               |                   | I Employment     | Donartura   | Ooto:     |  |
| Select your type of incident:                      |                    | Provide the reas        | son fired     | Reason.          |               |                   | Employment       |             |           |  |
| Fired  |                    | Trovido aro rodo        | , on mod.     |                  |               |                   | (Month/Year)     |             | Est.      |  |
| •  |                    | Provide the reas        | son.          |                  |               |                   | (Month/Voor)     |             | ☐ Est.    |  |
| Quit after being told you                          | would be fire      | ed.                     |               |                  |               |                   | (Month/Year)     |             |           |  |
| Left by mutual agreemen                            | nt followina       | Provide the cha         | rges or alle  | gations.         |               |                   | (Month/Year)     |             | ☐ Est.    |  |
| Charges or allegations of                          |                    |                         |               |                  |               |                   | (Month real)     | 1           |           |  |
| If no longer employed, provide the                 | specific reason    | you left the employme   | ent activity: |                  |               |                   |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
|  |                    |                         |               |                  |               |                   |                  |             |           |  |
| To Albana and Tourist Control of                   |                    | D                       |               | " =              |               | - D ! ! . ^       |                  | O Yes       | O No      |  |
| Is the employment location v                       | within an India    | an Reservation, V       | iiage, Co     | rnmunity, Ra     | ancheria o    | r Pueblo?         |                  | O Yes       | O No      |  |
| If yes, list:Community, \$                         | Ctata              |                         |               |                  |               |                   |                  |             |           |  |
| Community. 3                                       | Sidle              |                         |               |                  |               |                   |                  |             |           |  |

| Questionnaire Continuation  |  |                        |                 |                   |                   |                           |                  |              |           |  |
|---|--|------------------------|-----------------|-------------------|-------------------|---------------------------|------------------|--------------|-----------|--|
| Last Name   | First Name                             |                        | Middle N        | ame               | Jr., II, etc      | . La                      | st 4 - Social Se | ecurity Numl | ber       |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Employment Activities - C   | ontinued.                              |                        |                 |                   |                   |                           |                  |              |           |  |
| Entry #4 – Select your employmen  | nt activity.                           |                        |                 |                   |                   |                           |                  |              |           |  |
| Employer Name:  | <u> </u>                               |                        |                 |                   |                   |                           |                  |              |           |  |
| Active Military   |  | Other Fode             | eral Employm    | ant               |                   | Self-employ               | mont             |              |           |  |
| Active Military Federal Contractor  |  | State Gove             | ernment         |                   |                   | Unemploym                 |                  |              |           |  |
| National Guard/Reserve  |  |                        | nment Emplo     |                   | Calaattha         | Other                     | 4                |              |           |  |
| From Date (Month/Year)  | ☐ Est ☐                                | Го Date (Month/Year)   | )               | ☐ Est             | O Full-tin        | employment sta<br>ne O Pa | art-time         |              |           |  |
| Provide your assigned duty station  | n during this perio                    | od. (City and State)   |                 | Provide you       | r most recent     | position title.           |                  |              |           |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Street Address  |  |                        |                 | City              |                   |                           | State            | Zip code     | )         |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Telephone Number  |  |                        |                 | Alternate Te      | lephone Nun       | nber                      |                  |              |           |  |
| Provide the name of your  | supervisor                             |                        |                 |                   |                   |                           |                  |              |           |  |
| Last Name   | Super visor.                           | First Name             |                 |                   |                   |                           | Position Title   |              |           |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Provide the following contact infor   | mation for this pe                     | rson.                  |                 |                   |                   |                           |                  |              |           |  |
| Home Telephone Number   | Day (                                  | _                      | enhone Nun      | nher              | Day 🔿             | Work/Alternati            | VA               |              | Day 🔿     |  |
| ( )   | Night (                                |                        | opriorio ritari | 11001             | Night O           | ( )                       |                  |              | Night O   |  |
| Provide e-mail address for this pe  |  |                        |                 |                   | Tugik 🔾           |                           |                  | □ I do       | n't know  |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Provide street address for this per   | rson (including ap                     | artment number). In    | iclude city, s  | state, and zip c  | ode.              |                           |                  |              |           |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| For this employment, in the <b>last 7</b> workplace, such as a violation of |  |                        |                 |                   |                   |                           |                  |              |           |  |
| workplace, each as a violation of   | policy of word yo                      | a the easyest of an in | normal 7 mai    | ino inquiry or ac | ariii ilottati vo | mivootigation be          | acca on anoga    | O Yes        | O No      |  |
| If Yes, provide the reason(s) for b   | eing warned, repr                      | imanded, suspended     | d, discipline   | d or reviewed u   | under inquiry     | or investigation          |                  | Date: (Mor   | nth/Year) |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| For this employment have any of   | the following hap                      | pened to you in the I  | last 7 years    | s? Fired, quit a  | fter being tol    | d you would be            | fired, left by m | nutual agree | ment      |  |
| including charges or allegations of   | of misconduct, left                    | by mutual agreeme      | nt following    | notice of unsa    | tisfactory pe     | rformance.                |                  | Yes          | ○ No      |  |
| Colort your type of incident:   |  |                        |                 | Reason:           |                   |                           | Employment       | t Donartura  | Doto:     |  |
| Select your type of incident:   |  | Provide the reas       | son fired.      | Reason.           |                   |                           | Employment       | •            | Est.      |  |
| O Fired   |  |                        |                 |                   |                   |                           | (Month/Year      | )            | ☐ Est.    |  |
| Ouit often hairs stald var  | alal ba £ina                           | Provide the reas       | son.            |                   |                   |                           | (Month/Year      | )            | Est.      |  |
| Quit after being told you   | i would be life                        |                        |                 |                   |                   |                           | ,                |              |           |  |
| Left by mutual agreeme charges or allegations o                             |  | Provide the cha        | rges or alle    | gations.          |                   |                           | (Month/Year      | )            | Est.      |  |
| If no longer employed, provide the  |  | you left the employm   | ent activity:   |                   |                   |                           | 1                |              |           |  |
|   |  | 1 7                    | ,               |                   |                   |                           |                  |              |           |  |
|   |  |                        |                 |                   |                   |                           |                  |              |           |  |
| Is the employment location  | within an India                        | n Reservation V        | illage Co       | mmunity R         | ancheria o        | Pueblo?                   |                  | O Yes        | O No      |  |
|   | ************************************** | valion, v              | mago, oo        | minimity, IX      |                   | i dobio:                  |                  |              | <u> </u>  |  |
| If yes, list:Community,   | State                                  |                        |                 |                   |                   |                           |                  |              |           |  |

| Employment Activities - Continued.  Eithy 95 - Select your employment activity.  Employer Name:    Active Military   |  |                     | Quest                 | ionnaire      | Continuation     | on             |                   |                  |              |           |
|--|--|---------------------|-----------------------|---------------|------------------|----------------|-------------------|------------------|--------------|-----------|
| Ently 85 - Select your employment activity.  Employer Name:    Active Military   | Last Name                              | First Name          |                       | Middle Na     | ame              | Jr., II, etc   | c. La             | st 4 - Social Se | ecurity Num  | ber       |
| Ently 85 - Select your employment activity.  Employer Name:    Active Military   |  |                     |                       |               |                  |                |                   |                  |              |           |
| Ently 85 - Select your employment activity.  Employer Name:    Active Military   |  |                     |                       |               |                  | <u>'</u>       |                   |                  |              |           |
| Employer Name:    Active Military  | Employment Activities - Co             | ontinued.           |                       |               |                  |                |                   |                  |              |           |
| Active Military Fordeal Cortisator Fordeal Cortisat |  | nt activity.        |                       |               |                  |                |                   |                  |              |           |
| State   Stat   | Employer Name:                         |                     |                       |               |                  |                |                   |                  |              |           |
| State   Stat   | Active Militery                        |                     | Other Fode            | ral Employm   | unnt             |                | Colf omploy       | mont             |              |           |
| From Date (Month/Year)   | <ul> <li>Federal Contractor</li> </ul> |                     |                       |               | lent             |                |                   |                  |              |           |
| Provide your assigned duty station during this period. (City and State)  Provide your most recent position title.  City  State  Zip code  Alternate Telephone Number  Provide the name of your supervisor.  Last Name  First Name  Provide the following contact information for this person.  Home Telephone Number  Day  Cell/Mobile Telephone Number  Day O Night O  Provide street address for this person.    I don't know   Provide street address for this person (including apartment number). Include city, state, and zip code.  For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?  Yes  No  If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.  Date: (Month/Year)  Date: (Month/Year)  Provide the reason fired.  Provide the reason fired.  O Quit after being told you would be fired.  Provide the reason you left the employment activity:  It has provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes  No  If yes, list:   | 0                                      |                     |                       |               |                  | Coloot the     |                   | tuo              |              |           |
| Street Address  City  State  Zip code  Telephone Number  Provide the name of your supervisor.  Last Name  Provide the following contact information for this person.  Home Telephone Number  Day O Cell/Mobile Telephone Number  Day O Night O | From Date (Month/Year)                 | ☐ Est ☐             | To Date (Month/Year)  |               | ∐ Est            |                |                   |                  |              |           |
| Provide the name of your supervisor.  Last Name  | Provide your assigned duty station     | n during this perio | od. (City and State)  |               | Provide you      | most recen     | t position title. |                  |              |           |
| Provide the name of your supervisor.  Last Name  |  |                     |                       |               |                  |                |                   |                  |              |           |
| Provide the name of your supervisor.  Last Name   First Name   Position Title    Provide the following contact information for this person.  Home Telephone Number   Day   Cell/Mobile Telephone Number   Day   Night   Night  | Street Address                         |                     |                       |               | City             |                |                   | State            | Zip code     | ;         |
| Provide the name of your supervisor.  Last Name   First Name   Position Title    Provide the following contact information for this person.  Home Telephone Number   Day   Cell/Mobile Telephone Number   Day   Night   Night  |  |                     |                       |               |                  |                |                   |                  |              |           |
| Last Name   First Name   First Name   Position Title    Provide the following contact information for this person.   Cell/Mobile Telephone Number   Day   Night   O   Night    | Telephone Number                       |                     |                       |               | Alternate Te     | lephone Nur    | mber              |                  | •            |           |
| Provide the following contact information for this person.  Home Telephone Number  |  | supervisor.         |                       |               |                  |                |                   |                  |              |           |
| Home Telephone Number    Day   Night   | Last Name                              |                     | First Name            |               |                  |                |                   | Position Title   |              |           |
| Home Telephone Number    Day   Night   |  |                     |                       |               |                  |                |                   |                  |              |           |
| Provide street address for this person.  |  |                     | _                     |               |                  |                |                   |                  |              |           |
| Provide street address for this person.   I don't know   Provide street address for this person (including apartment number). Include city, state, and zip code.  For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No    If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.   Date: (Month/Year)    For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.   Yes   No    Select your type of incident:   Reason:   Employment Departure Date:    Fired   Provide the reason fired.   (Month/Year)   Est.    Quit after being told you would be fired.   Provide the charges or allegations.   (Month/Year)   Est.    Left by mutual agreement following charges or allegations of misconduct.   Provide the charges or allegations.   (Month/Year)   Est.    If no longer employed, provide the specific reason you left the employment activity:   Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?   Yes   No    If yes, list:   | Home Telephone Number                  |                     | Cell/Mobile Tele      | phone Nun     | nber             |                | Work/Alternativ   | ve               |              | Day O     |
| Provide street address for this person (including apartment number). Include city, state, and zip code.  For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?  Yes No  If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.  Date: (Month/Year)  For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Provide the reason fired.  Provide the reason fired.  Provide the reason fired.  Provide the reason.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  If yes, list:   | ( )                                    | Night (             | ) ( )                 |               |                  | Night (        | ( )               |                  |              |           |
| For this employment, in the last 7 years did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations?  Yes No  If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.  Date: (Month/Year)  Date: (Month/Year)  Provide the reason of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Provide the reason fired.  Provide the reason fired.  Provide the reason.  Quit after being told you would be fired.  Provide the charges or allegations.  Provide the charges or allegations.  Provide the charges or allegations.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  If yes, list:   | Provide e-mail address for this per    | rson.               |                       |               |                  |                |                   |                  | ∐ldo         | n't know  |
| workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No  If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.  For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Provide the reason fired.  Reason:  Employment Departure Date:  (Month/Year)  Est.  Quit after being told you would be fired.  Provide the reason.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  No  If yes No  If yes, list:  | Provide street address for this per    | son (including ap   | partment number). Inc | clude city, s | state, and zip o | ode.           |                   |                  |              |           |
| workplace, such as a violation of policy or were you the subject of an Internal Affairs inquiry or administrative investigation based on allegations? Yes No  If Yes, provide the reason(s) for being warned, reprimanded, suspended, disciplined or reviewed under inquiry or investigation.  For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.  Provide the reason fired.  Reason:  Employment Departure Date:  (Month/Year)  Est.  Quit after being told you would be fired.  Provide the reason.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  No  If yes No  If yes, list:  | E 0: 1 1:0 1 4                         | 1. 1                |                       |               |                  |                | 1 1 2 2 2         | 16               | 1: 0         |           |
| Yes   No   No   No   No   No   No   No   N   |  |                     |                       |               |                  |                |                   |                  |              | _         |
| For this employment have any of the following happened to you in the last 7 years? Fired, quit after being told you would be fired, left by mutual agreement including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.    Yes   | 1 /                                    | , ,                 | ,                     |               | , ,              |                | Ŭ                 | J                |              | O No      |
| including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.    Yes   No   | If Yes, provide the reason(s) for be   | eing warned, repr   | rimanded, suspended   | l, discipline | d or reviewed i  | under inquiry  | or investigation  |                  | Date: (Moi   | nth/Year) |
| including charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.    Yes   No   |  |                     |                       |               |                  |                |                   |                  |              |           |
| Select your type of incident:  Fired  Provide the reason fired.  Provide the reason.  Provide the reason.  Provide the reason.  Provide the reason.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations of misconduct.  Provide the charges or allegations.  Provide the charges or allegations.  (Month/Year)  Est.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes  No  If yes, list:   |  |                     |                       |               |                  |                |                   | fired, left by m | nutual agree | ment      |
| Provide the reason fired.  Quit after being told you would be fired.  Provide the reason.  Provide the reason.  (Month/Year)  Est.  Left by mutual agreement following charges or allegations.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes  No  If yes, list:  | including charges or allegations of    | f misconduct, left  | t by mutual agreemer  | nt following  | notice of unsa   | itisfactory pe | erformance.       |                  | O Yes        | O No      |
| Quit after being told you would be fired.  Left by mutual agreement following charges or allegations of misconduct.  Provide the charges or allegations.  (Month/Year)  Est.  Provide the charges or allegations.  (Month/Year)  Est.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  O Yes  No  If yes, list:   | Select your type of incident:          |                     |                       |               | Reason:          |                |                   | Employmen        | t Departure  | Date:     |
| Quit after being told you would be fired.  Provide the reason.  Left by mutual agreement following charges or allegations of misconduct.  Provide the charges or allegations.  (Month/Year)  Est.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes  No  If yes, list:   | O Fired                                |                     | Provide the reas      | son fired.    |                  |                |                   | (Month/Year      | )            | ☐ Est.    |
| Quit after being told you would be fired.  Left by mutual agreement following charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  If yes, list:  | <u> </u>                               |                     | B :1 #                |               |                  |                |                   | ,                |              |           |
| charges or allegations of misconduct.  If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  O Yes O No  If yes, list:  | O Quit after being told you            | would be fire       | d.                    | son.          |                  |                |                   | (Month/Year      | )            | ☐ Est.    |
| If no longer employed, provide the specific reason you left the employment activity:  Is the employment location within an Indian Reservation, Village, Community, Rancheria or Pueblo?  Yes No  If yes, list:   |  |                     | Provide the char      | rges or alle  | gations.         |                |                   | (Month/Year      | )            | Est.      |
| If yes, list:  |  |                     | you left the employme | ent activity: |                  |                |                   | I                |              |           |
| If yes, list:  |  |                     |                       |               |                  |                |                   |                  |              |           |
| If yes, list:  |  |                     |                       |               |                  |                |                   |                  |              |           |
|  | Is the employment location v           | within an India     | n Reservation, Vi     | llage, Co     | mmunity, R       | ancheria o     | r Pueblo?         |                  |              | O No      |
| Community Ctata  | If yes, list:                          | Ctoto               |                       |               |                  |                |                   |                  |              |           |

|  |                 | Quest                  | ionnaire (         | Continuatior                                  | 1            |                  |                      |              |
|--|-----------------|------------------------|--------------------|---|--------------|------------------|----------------------|--------------|
| Last Name                                | First Name      |                        | Middle Na          | me  | Jr., II, etc | . La             | st 4 - Social Securi | ty Number    |
|  |                 |                        |                    |   |              |                  |                      |              |
|  | <u> </u>        |                        |                    |   |              |                  |                      |              |
| 11. Personal References -                | Provide th      | ree neonle who kno     | W VOII WA          | ll and live in                                | the IIS      | They should      | he good friends      | neere        |
| colleagues, roommates, as                |                 |                        |                    |   |              |                  |                      |              |
| combined association with                |                 |                        |                    |   |              |                  |                      |              |
| relatives.                               | /Ou 00 VOI 3 6  | at least the last o y  | <b>cars</b> . Do i | not provide a                                 | inyone ii    | sica ciscwiic    |                      | 01 01030     |
|  |                 |                        |                    |   |              |                  |                      |              |
| Entry #1<br>Last Name                    |                 | First Name             |                    |   |              |                  | Middle Name          |              |
| Lastinaille                              |                 | First Name             |                    |   |              |                  | Middle Name          |              |
|  |                 |                        |                    |   |              |                  |                      |              |
| Provide dates known.                     |                 |                        | Pro                | ovide relationsh                              | ip to you (C | heck all that ap | pply)                |              |
| From Date (Month/Year) 🔲 E               | st. To Da       | te (Month/Year) 🔲      | Est.               | Neighbor                                      | _            | ssociate         | Friend               |              |
|  |                 |                        |                    | Schoolmate                                    | Other_       |                  |                      |              |
| Provide the following contact infor      | mation for this | person.                |                    |   |              |                  |                      |              |
| Home Telephone Number                    | Day 🔵           | Cell/Mobile Telephon   | e Number           |   | Day 🔘        | Work/Alternati   | ive                  | Day 🔘        |
| ( )                                      | Night (         | ( )                    |                    | N   | light 🔿      | ( )              |                      | Night 🔘      |
| Provide e-mail address for this pe       | rson.           | ( )                    |                    |   |              | \ /              |                      |              |
| ·  |                 |                        |                    |   |              |                  | П                    | I don't know |
| Provide street address for this per      | son (including  | apartment number). In  | clude city, st     | tate, and zip cod                             | de.          |                  | <u></u>              |              |
| ·  | ,               | ,                      | •                  | •   |              |                  |                      |              |
|  |                 |                        |                    |   |              |                  |                      |              |
| Entry #2                                 |                 |                        |                    |   |              |                  |                      |              |
| Last Name                                |                 | First Name             |                    |   |              |                  | Middle Name          |              |
| Lastramo                                 |                 | Tilotranio             |                    |   |              |                  | Wildalo Harrio       |              |
|  |                 |                        |                    |   |              |                  |                      |              |
| Provide dates known.                     |                 |                        |                    | ovide relationsh                              |              |                  |                      |              |
| From Date (Month/Year)                   | st. To Dat      | te (Month/Year)        | Est.               | Neighbor                                      | _            | ssociate         | Friend               |              |
| D :1 11 (11 : 1 : 1 : 1                  | r ( u:          |                        |                    | Schoolmate                                    | Other_       |                  |                      |              |
| Provide the following contact infor      |                 |                        |                    |   |              |                  |                      |              |
| Home Telephone Number                    | Day O           | Cell/Mobile Telephon   | e Number           |   | Day 🔿        | Work/Alternati   | ive                  | Day          |
| ( )                                      | Night O         | ( )                    |                    | N   | Night O      | ( )              |                      | Night 🔵      |
| Provide e-mail address for this pe       | rson.           |                        |                    |   |              |                  |                      |              |
|  |                 |                        |                    |   |              |                  | П                    | I don't know |
| Provide street address for this per      | son (including  | apartment number). In  | clude city, st     | tate, and zip coo                             | de.          |                  |                      |              |
|  |                 |                        |                    |   |              |                  |                      |              |
|  |                 |                        |                    |   |              |                  |                      |              |
| Entry #3                                 |                 |                        |                    |   |              |                  |                      |              |
| Last Name                                |                 | First Name             |                    |   |              |                  | Middle Name          |              |
|  |                 |                        |                    |   |              |                  |                      |              |
| Provide dates known.                     |                 |                        |                    |   |              | N 1 1111 1       |                      |              |
|  |                 | -t- (Mainth (Main)   [ |                    | ovide relationsh                              |              |                  |                      |              |
| From Date (Month/Year)                   | Est. To D       | ate (Month/Year) [     | ∃Est. □            | <ul><li>Neighbor</li><li>Schoolmate</li></ul> |              | Associate        | Friend               |              |
| Provide the following contact infor      | mation for this | nerson                 |                    | ) Ochoomiate                                  |              |                  |                      |              |
| -  | Day 🔿           |                        | a Number           |   | Day 🔿        | \Mark/Altarnati  | ive                  | Day 🔿        |
| Home Telephone Number                    |                 | Cell/Mobile Telephon   | e Number           |   | _            | Work/Alternat    | ive                  |              |
| ( )                                      | Night O         | ( )                    |                    | i   | Night (      | ( )              |                      | Night O      |
| Provide e-mail address for this pe       | rson.           |                        |                    |   |              |                  | _                    |              |
| D :1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                 |                        |                    |   |              |                  |                      | I don't know |
| Provide street address for this per      | son (including  | apartment number). In  | ciude city, st     | tate, and zip cod                             | ie.          |                  |                      |              |
|  |                 |                        |                    |   |              |                  |                      |              |
|  |                 |                        |                    |   |              |                  |                      |              |

|   |   |   | Quest                    | ionnaire Contin                       | uatior           | 1                      |  |                    |                |  |  |  |  |
|---|---|---|--------------------------|---------------------------------------|------------------|------------------------|--|--------------------|----------------|--|--|--|--|
| Last Name   |   | First Name  |                          | Middle Name                           |                  | Jr., II, etc.          | Last 4 - Social Secu   | rity Numl          | per            |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          | l                                     |                  |                        |  |                    |                |  |  |  |  |
| expunged,<br>Federal Co   | <b>Police Record -</b> For this section, report information regardless of whether you believe the record in your case has been sealed, expunged, or otherwise stricken from the court record or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or aboard. |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
| 12. In the I  | 12. In the <b>last 5 years</b> have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
| 13. In the <b>last 5 years</b> have you been charged with, convicted of, or sentenced for a crime in any court? (Include all qualifying charges, convictions or sentences in any federal, state, local, military, tribal, or non-U.S. court, even if previously listed on this form). |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
| 14. In the I  | 14. In the last 5 years have you been or are you currently on probation or parole?  YES   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
| 15. Are yo  | u currently o   | n trial or awaiting a trial                           | on criminal              | charges?                              |                  |                        |  | YES                | S NO           |  |  |  |  |
| If you have information   | •   | 'Yes" to any of the abo                               | ve questions             | s in this section, e                  | explair          | n your answ            | ver(s) below providing all   | reques             | ted            |  |  |  |  |
| Question #  | Month/Year  | Offense   | Acti                     | on Taken                              |                  | Arresting Lav          | v Enforcement /Military Agency   | 1                  | State          |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
| you believe<br>dismissed.   | e the record i<br>You need no   | n your case has been<br>ot report convictions ur      | sealed, expunder the Fed | unged, or otherw<br>eral Controlled S | ise str<br>ubsta | icken from nces Act fo | nas <u>EVER</u> occurred rega<br>the court record or the ch<br>r which the court issued<br>s whether occurring in th | narge w<br>n expui | ras<br>ngement |  |  |  |  |
| 16. Have y children?  | ou <b>EVER</b> be   | en arrested for or char                               | ged with a cr            | rime involving a d                    | child o          | r offenses o           | committed against  | YES                | NO O           |  |  |  |  |
|   |   | n arrested or convicted<br>ploitation, sexual contain |                          |                                       |                  |                        |  | YES                | NO NO          |  |  |  |  |
| information   |   | Yes" to any of the abov                               | ·                        |                                       | •                | •                      | er(s) below providing all re   | ·                  | ed             |  |  |  |  |
| Question #  | Month/Year  | Offense   | Acti                     | on Taken                              |                  | Arresting Lav          | v Enforcement /Military Agency   | 1                  | State          |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |
|   |   |   |                          |                                       |                  |                        |  |                    |                |  |  |  |  |

| Questionnaire Continuation   |  |                               |                       |                          |                                 |            |  |
|--|--|-------------------------------|-----------------------|--------------------------|---------------------------------|------------|--|
| Last Name  | First Name                             | Middle Name                   | Jr., II, etc.         | Last 4 - Social S        | Last 4 - Social Security Number |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
| Illegal Use of Drugs and   | d Drug Activity - We note, with        | reference to this sec         | tion that neithe      | er vour truthful respor  | nses or info                    | ormation   |  |
|  | nses to this section will be used      |                               |                       | -                        |                                 |            |  |
|  | oplies whether or not you are cu       |                               |                       | ater Community School    | _                               | ollowing   |  |
|  | llegal use of drugs or controlled      |                               |                       |                          |                                 | -          |  |
| under state laws.  | nogal add of arago of controlled       | oubotanoo dotivity iii t      | accordance with       | riodorariawo, ovorri     | illough poi                     | 1111001010 |  |
|  |  |                               |                       |                          | T                               |            |  |
|  | ave you illegally used any drugs       |                               |                       |                          | YES                             | NO         |  |
|  | ting, snorting, inhaling, swallowi     | ng, experimenting wit         | th or otherwise       | consuming any            |                                 |            |  |
| drug or controlled substar   |  |                               |                       |                          |                                 | <u> </u>   |  |
|  | ave you been involved in the ille      |                               | acture, traffickin    | g, production,           | YES                             | NO         |  |
| transfer, shipping, receiv   | ing, or sale of any drug or contr      | olled substance?              |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
| If you responded "Yes" to  | the above questions in this sec        | ction provide the date        | e(s) the type of      | drug or controlled su    | ibstance a                      | nd the     |  |
| •  | your involvement. Examples inc         | • •                           | \ /· J i              | •                        |                                 |            |  |
|  | ne, codeine, heroin); stimulants       |                               |                       |                          |                                 |            |  |
|  | ers); hallucinogenics (LSD, PCF        |                               |                       |                          |                                 |            |  |
| steroids (clear, juice) or o   |  | , maomoomoj, notan            | mio (opoolai ri,      | joty, illiananto (torao  | .o, ay                          | 4.0/,      |  |
| Month/Year Month/Year  | Controlled Substance Used              |                               |                       | Number of Times U        | امريام المرما                   | nont       |  |
| To   | Controlled Substance Used              |                               |                       | Number of filles         | Jsed/IIIvoivei                  | nent       |  |
| ☐ Est.   |  |                               |                       |                          |                                 |            |  |
| Month/Year Month/Year  | Controlled Substance Used              |                               |                       | Number of Times I        | es Used/Involvement             |            |  |
| То   |  |                               |                       |                          |                                 |            |  |
| Est.   |  |                               |                       |                          |                                 |            |  |
| 20. In the last 5 years, h   | ave you intentionally engaged in       | n the misuse of prescr        | ription drugs, re     | gardless of              | YES                             | NO         |  |
| whether or not the drugs   | were prescribed for you or som         | eone else?                    |                       |                          |                                 | $\bigcirc$ |  |
|  |  |                               |                       |                          |                                 | )          |  |
| Month/Year Month/Year  | If you responded "Yes" to the above of | question in this section, pro | vide the prescription | on drug that you misused |                                 |            |  |
| To $\overline{}$   |  |                               |                       |                          |                                 |            |  |
|  | ☐ Est.                                 |                               |                       |                          |                                 |            |  |
| Provide the reason(s) for and circumstances of the misuse of the prescription drug   |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
| Continuation Space - U   | se this space below (or separate       | e blank sheets) to con        | tinue answers.        | If using a separate b    | lank sheet                      | (s)        |  |
| include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, |  |                               |                       |                          |                                 |            |  |
| identify the number of the guestion/item. To ensure clarity, maintain sequential order of guestions and guestion format.   |  |                               |                       |                          |                                 |            |  |
|  | •                                      |                               | •                     | •                        |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |
|  |  |                               |                       |                          |                                 |            |  |

| Questionnaire Continuation |            |             |               |                                 |
|----------------------------|------------|-------------|---------------|---------------------------------|
| Last Name                  | First Name | Middle Name | Jr., II, etc. | Last 4 - Social Security Number |
|                            |            |             |               |                                 |
|                            |            |             |               |                                 |

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

After completion of this form and any attachments you have provided, you should review your answers to all questions to make sure the form is complete and accurate, <u>and then</u> sign and date the following certification and the attached release(s).

| and the attached release  | (3).  |   |  |  |  |
|---|---|---|--|--|--|
| Certification   |   |   |  |  |  |
| and belief and are made in a that a knowing and willful to 1001 and Blackwater Command falsifying information may be prospects, credentialing, or debarment from employment | good faith. I have carefully read the foregoing false statement on this form can be punish nunity School internal policies. I understand have a negative effect on my eligibility for job status, up to and including denial or t with Blackwater Community School. | implete, and correct to the best of my knowledge in instructions to complete this form. I understand hed by fine or imprisonment or both (18 U.S.C. that intentionally withholding, misrepresenting, or r a designated child care position, employment revocation of my credentials, ormy removal and |  |  |  |
| Blackwater Community Scho   |   | nal history report made available to the nc. or any other 3 <sup>rd</sup> party vendor contracted by of any information contained in the report.  |  |  |  |
|   |   |   |  |  |  |
| Signature   | Printed Name  | Signature Date (mm/dd/yyyy)   |  |  |  |
| Enter your Social Security N  | umber before going to the next page ———   |   |  |  |  |

#### Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize Blackwater Community School and/ or Personnel Security Consultants, Inc or any 3rd party contractor., who is conducting my investigation, reinvestigation for the purpose of making a determination of employment suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the Blackwater Community school and/or Personnel Security Consultants, Inc. or any 3rd party contractor, 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 designated position and/or 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** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the Blackwater Community School and/or Personnel Security Consultants, Inc. any 3rd party contractor, only for the purpose of determining my suitability for employment with the Blackwater Community School .

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with

Blackwater Community School

| Signature (sign in black ink)   | Full name (Type or print legibly) |     |          | Date (mm/dd/yyyy) |  |  |
|---------------------------------|-----------------------------------|-----|----------|-------------------|--|--|
|                                 |                                   |     |          |                   |  |  |
| Other names used                |                                   |     |          |                   |  |  |
|                                 |                                   |     |          |                   |  |  |
| Current street address and city |                                   | ate | Zip Code | Telephone number  |  |  |
|                                 |                                   |     |          |                   |  |  |