

Supplemental Applications

To Prevent the delay of Background Investigation.

Application must be filled out completely.

List current working phone numbers.

List employment from the past five (5) years.

Attach all certified transcripts/diploma's.

Please provide copy of CDIB (if applicable).

DO NOT USE RELATIVES FOR
PERSONAL REFERENCES.



PERSONAL INFORMATION SHEET
Background Investigation

Name: _____
Last First Full Middle

Aliases: (including maiden name)

Last First Full Middle

Last First Full Middle

Current Address:

Street City State Zip

Enrolled Tribal Member? Yes ☐ No ☐ Enrolled Member of Another Tribe? Yes ☐ No ☐

Enrollment Number: 2801A_____ Name of Tribe & Enrollment Number: _____

Social Security Number: _____ Driver's License: Yes ☐ No ☐ State Issued: _____
Driver's License Number: _____

Height (inches): _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City State

List all States you have lived in for the past five (5) years: N/A ☐ _____

List all Countries you have lived in the past thirty (30) years: N/A ☐ _____

Supplemental Application

(Please type or print clearly)

PART 1

Full Name:

Last	First	Middle (No initials)
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Personal Data:

Social Security Number: _____ - _____ - _____ Date of Birth _____

Driver's License Number: _____ Type: _____ State: _____

Other Names: (List other names you have used and the time period in which you used them, e.g., maiden name, name's from a former marriage, former names, alias(es) or nicknames).

_____ From ____/____ To ____/____
Maiden

_____ From ____/____ To ____/____
Name

_____ From ____/____ To ____/____
Name

Where You Have Lived: (List addresses for the past 5 years. Use additional pages if needed)

_____ From ____/____ To ____/____
Current Street Address or PO Box City, State, Zip

_____ From ____/____ To ____/____
Street Address or PO Box City, State, Zip

_____ From ____/____ To ____/____
Street Address or PO Box City, State, Zip

_____ From ____/____ To ____/____
Street Address or PO Box City, State, Zip

_____ From ____/____ To ____/____
Street Address or PO Box City, State, Zip

Education:

Name of High School: _____ Year Graduated _____

Address: _____ Diploma Yes No

Street Address or PO Box City State Zip

Name as it appears on Diploma: _____

Name of College or University: _____ Years Attended: _____

Address: _____ Diploma Yes No

Street Address or PO Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

(Please provide copies)

Name of College or University: _____ Years Attended: _____

Address: _____ Diploma Yes No

Street Address or PO Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

(Please provide copies)

Name of other Vocational/Technical/Trade School: _____ Years Attended: _____

Address: _____ Diploma Yes No

Street Address or PO Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

Professional License or Certification:

Type of License/Certificate: _____

License Number: _____ Date Issued: _____

Issued By: _____ Address: _____

Type of License/Certificate: _____

License Number: _____ Date Issued: _____

Issued By: _____ Address: _____

Employment History: (List employment history for the last five (5) years, most recent employment first. Include military service and periods of unemployment during the five (5) year's)

Name of Employer: _____ From: ____/____ To: ____/____
Mo. Yr. Mo. Yr.

Supervisor's Name _____ (____) _____
Telephone number

Position Held: _____ May we contact this employer? Yes No

Employment History:

Name of Employer: _____ From: ____/____ To: ____/____
Mo. Yr. Mo. Yr.

Supervisor's Name _____ (____) _____
Telephone Number

Position Held: _____ May we contact this employer? Yes No

Name of Employer: _____ From: ____/____ To: ____/____
Mo. Yr. Mo. Yr.

Yr.
Supervisor's Name _____ (____) _____
Telephone Number

Position Held: _____ May we contact this employer? Yes No

Name of Employer: _____ From: ____/____ To: ____/____
Mo. Yr. Mo. Yr.

Supervisor's Name _____ (____) _____
Telephone Number

Position Held: _____ May we contact this employer? Yes No

Name of Employer: _____ From: ____/____ To: ____/____
Mo. Yr. Mo. Yr.

Supervisor's Name _____ (____) _____
Telephone Number

Position Held: _____ May we contact this employer? Yes No

Personal References: (*Do not list your spouse, former spouse, relatives or persons appearing elsewhere on this form*)

1. _____ (_____) _____ From: ____/____/____ To: ____/____/____
Name Telephone Mo. Yr. Mo. Yr.

Home or Work Address City State Zip

2. _____ (_____) _____ From: ____/____/____ To: ____/____/____
Name Telephone Mo. Yr. Mo. Yr.

Home or Work Address City State Zip

3. _____ (_____) _____ From: ____/____/____ To: ____/____/____
Name Telephone Mo. Yr. Mo. Yr.

Home or Work Address City State Zip

4. _____ (_____) _____ From: ____/____/____ To: ____/____/____
Name Telephone Mo. Yr. Mo. Yr.

Home or Work Address City State Zip

5. _____ (_____) _____ From: ____/____/____ To: ____/____/____
Name Telephone Mo. Yr. Mo. Yr.

Home or Work Address City State Zip

PART 2

Background Information

(Please Read the following carefully and thoroughly)

Your answers to the following questions should include **ALL** convictions (by being found guilty, entering a plea of nolo contendere or a plea of guilty). OMIT (1) traffic fines of \$150.00 or less; (2) any violation of law for which you were tried as a juvenile or under a Youth Offender law; (3) any conviction set aside under the Federal Youth Corrections Act or similar State or Tribal Law, or (4) any convictions whose record was expunged under Federal, State or Tribal Law.

Have you ever been arrested for or charged with an offense involving a child? Yes ____ No ____

Have you ever been arrested for or charged with a sex offense, including but not limited to sexual assault, molestation, exploitation, contact or prostitution? Yes ____ No ____

Have you ever been arrested for or charged with a crime of violence? Yes ____ No ____

Have you ever been arrested for or charged with a crime against persons, including but not limited to murder, manslaughter, vehicular homicide, robbery, assault, battery, rape, false imprisonment, mayhem? Yes ____ No ____

Have you ever been arrested for or charged with a drug felony? Yes ____ No ____

During the last 5 years, have you been arrested, charged, convicted, imprisoned, on probation or parole? (Include felonies, firearms, and explosives violations, misdemeanors, and all other offenses.) Yes ____ No ____

Have you been convicted by a military court-martial in the past 5 years? Yes ____ No ____
(if no military service, answer "no")

Are you currently charged with any violation of Federal, State, or Tribal Law? Yes ____ No ____

During the last 5 years have you been fired from any job, quit a job after being told you would be fired, leave a job by mutual agreement following allegations of misconduct, leave a job by mutual agreement following allegations of misconduct, leave a job by mutual agreement following allegations of unsatisfactory performance? Yes ____ No ____

If you answered "yes" to any of the questions in Part 2, Background Information, use this space to provide the date, an explanation of the violation, the disposition of the arrest or charge, the place the arrest or charge took place, and the name and address of the police department or court where you appeared: _____

I certify the information provided on this form is true and complete.

Signature

Date

Signatures and Authorization for Release of Information

(Please read the following carefully and thoroughly)

I understand that in applying for a position involving regular contact with or control over Indian children or any child care services position, I must undergo a background check as mandated by the Indian Child Protection and Family Violence Prevention Act, Pub. L. 101-630, 25 U.S.C. '3207, and the Crime Control Act of 1990, Pub. Law 101-647, 42 U.S.C. '13041. Child care services positions include, but are not limited to child protective services, social services, health and mental health care, child/day care, education whether or not directly involved in teaching, foster care, residential care, recreational or rehabilitative programs, and detention correctional or treatment services.

I certify that all the information on this form and any attached sheets is true, correct complete and made in good faith. I understand that false or fraudulent answer to any question may be grounds for not hiring me, or for firing me after I begin work. I understand that any information I give may be investigated for purposes of determining my fitness to have responsibility for the safety and well-being of children and suitability to occupy a position involving regular contact with or control over Indian children. I consent to the release of information about my ability, fitness and suitability for employment with the Cheyenne and Arapaho Tribes by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel, specialist, and other authorized employees of the Cheyenne and Arapaho Tribes. I understand that financial or lending institutions, medical institutions, hospitals, health care professionals, or some other sources of information, may require the separate Authorization for Release of Information I have signed. I also understand that I may challenge the accuracy and completeness of any information obtained during the investigation of my background.

Public Law 101-647 requires that the application state that it is signed under penalty of perjury, with the applicable Federal punishment for perjury.

Signature of Applicant or Employee

Date



Personnel Information



K8
Program name License number

Personnel or Applicant

First name Middle name Last name Social Security number

Date of birth All previous names, including aliases and maiden

Street address City State ZIP code

Mailing address or PO Box City State ZIP code

Email

Phone number with area code Alternate phone number with area code

Education

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent? ☐ Yes ☐ No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent? ☐ Yes ☐ No

What is the highest grade you have completed:

List child care credentials or educational certificates

Expiration date(s)



College

College/university/school Location(s)

Degree or credential Major/minor Attendance (MM/YY - MM/YY)

First name

Last name

License number

Graduation date

Number of completed semester hours if you did not graduate

College/university/school

Location(s)

Degree or credential

Major/minor

Attendance (MM/YY - MM/YY)

Graduation date

Number of completed semester hours if you did not graduate



Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment			
				From		To	
				From		To	
				From		To	



Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

Name

Phone number

Relationship

Mailing address or PO Box

City

State

ZIP code

Name

Phone number

Relationship

Mailing address or PO Box

City

State

ZIP code

First name

Last name

License number

Name

Phone number

Relationship

Mailing address or PO Box

City

State

ZIP code

**Background Investigation**

Are you required to register under the Sex Offenders Registration Act or Maryland
Rippin Violent Crime Offenders Registration Act?

☐ Yes ☐ No

Do you have pending charges, have you entered a plea of guilty or nolo contendere
(no contest); or been convicted of any criminal activity involving gross
irresponsibility or disregard for the safety of others; violence against an individual;
sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or
distribution of illegal drugs?

☐ Yes ☐ No

Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior
to hire.

☐ Yes ☐ No

I understand my registration on the Child Care Registry (Restricted Registry)
may occur when:

- a background investigation reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated
finding of abuse or neglect.

☐ Yes ☐ No

☐ Yes ☐ No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant

Date

Parent's signature when applicant is a minor

Date

_____	_____	K8
First name	Last name	License number

Program Use Only

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: _____

Date **three** reference checks **completed**: _____

Date **preliminary** criminal history review results received, when applicable: _____

Date **complete** criminal history review results received: _____

_____	_____
Employment date	Position(s) assigned or title

Signature of Owner, Responsible Entity, Director, or Primary Caregiver

I understand giving false or incomplete information may result in denial or revocation of my license.

_____	_____
Signature of owner, responsible entity, director, or primary caregiver	Date