

Supplemental Application
(Please type or print clearly)

PART 1

Name:

Last	First	Middle
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Personal Data:

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

Drivers 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 names 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 ____/____
Street Address or PO Box

_____ From ____/____ To ____/____
Street Address or PO Box

_____ From ____/____ To ____/____
Street Address or PO Box

_____ From ____/____ To ____/____
Street Address or PO Box

_____ From ____/____ To ____/____
Street Address or PO Box

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: _____

Education:(continued)

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: _____

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: _____

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 seven (5) years. List most recent employment first.
Include military service and periods of unemployment during the seven (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

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: (continued)

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

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 _____

(Additional Space)

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.

Dates: _____

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