

Investigative Questionnaire for Designated Law Enforcement Positions (Re-Investigation)

Notice to Applicant: 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 law enforcement positions have a national criminal history record check and financial record check as a condition of employment.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).			4. Driver’s License		5. Social Security Number	
Name			No.:		State:	
6. Your Contact Information				7. Place of Birth		
Home		Cell		Email		
				City	County	State
8. Other Identifying Information						
Height (feet and inches)		Weight (pounds)		Hair Color	Eye Color	Sex (Mark one box)
						Female Male
9. Citizenship						
<p>I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.</p> <p>I am a U.S. citizen or national by birth, born to U.S. parents(s), in a foreign country. (See Supplemental Citizenship Form)</p> <p>I am a naturalized U.S. citizen. (See Supplemental Citizenship Form)</p> <p>I am a derived U.S. citizen. (See Supplemental Citizenship Form)</p> <p>I am not a U.S. citizen. (See Supplemental Citizenship Form)</p> <p><i>If your citizenship is notated as needing a supplement in this section, please go to https://pscprotectsyou.com/pscpartner to complete and upload the required supplemental questionnaire. You can also download the supplemental questionnaire and fax it to: PSC Investigations at 505 243-8263</i></p>						
10. Residence – List where you have lived beginning with the most recent and working back five (5) years. All periods in the last five (5) years must be accounted for in your list.						
1) Month/Year		Month/Year		Street Address		City
		To PRESENT				State
						Zip code
2) Month/Year		Month/Year		Street Address		City
		To				State
						Zip code
3) Month/Year		Month/Year		Street Address		City
		To				State
						Zip code
4) Month/Year		Month/Year		Street Address		City
		To				State
						Zip code
5) Month/Year		Month/Year		Street Address		City
		To				State
						Zip code
11. Residence/Employment on an Indian Reservation – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have <i>lived</i> or <i>worked</i> in the last five (5) years.						

Questionnaire Continuation

Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
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12. Employment History - List your employment activities beginning with the present and working back five (5) years. The five (5) year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." **Include the month and the year in the dates for each employment activity listed.**

1) Month/Year To PRESENT	Month/Year	Employer Name	Phone Number	Position Title
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone number	Other Employer Reference	Telephone Number	
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?				
				Yes No
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
If no longer employed, specific reason you left:				

2) Month/Year To	Month/Year	Employer Name	Phone Number	Position Title
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone number	Other Employer Reference	Telephone Number	
For this employment, in the last five (5) years have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy?				
				Yes No
If Yes, provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason You Left				

Employment Record

13. In the **last five (5) years**, have you been: Fired from any job for any reason? Did you quit after being told that you would be fired? Did you leave any job by mutual agreement because of allegations of misconduct?

YES	NO
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If you answered "Yes", begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested below.

1) Month/Year To	Month/Year	Specify Reason	Employer's Name and Address
2) Month/Year To	Month/Year	Specify Reason	Employer's Name and Address

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
Medical Record					
14. In the last five (5) years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?				YES	NO
<i>If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, UNLESS the consultations(s) involved ONLY marital, family, or grief counseling, not related to violence by you. You will also be requested to sign an Authorization for Release of Medical Information.</i>					
1) Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip code
To					
2) Month/Year	Month/Year	Name/Address of Therapist or Doctor		State	Zip Code
To					

Police Record - For this section, report information regardless of whether you believe the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain 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.		
15. Have you ever been charged with or convicted of any felony offense?	YES	NO
16. Have you ever been charged with or convicted of a firearms or explosives offense?	YES	NO
17. Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?	YES	NO
18. In the last five (5) years , have you been convicted by a military court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)	YES	NO
19. Have you ever been arrested for or charged with a crime involving a child?	YES	NO
20. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES	NO
21. In the last five (5) years , have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s) not listed in the responses above? (Include traffic fines and accidents where you were the driver.)	YES	NO
22. Have you ever been a subject of a restraining order or an order of protection?	YES	NO

Questionnaire Continuation							
Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
23. Have you ever been a subject of a grand jury investigation?						YES	NO
24. Are you now under charges for any violation of law or are there currently any charges pending against you for any criminal offense?						YES	NO
25. Have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement officer?						YES	NO
<i>If you have answered "Yes" for any of the above questions in this section, explain your answer(s) below.</i>							
Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency			State
Illegal Drugs and Drug Activity -You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from you responses will be used as evidence against you in any subsequent criminal proceeding.							
26. Since the age of 16 or in the last five (5) years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogens (LSD, PCP, etc.), or have you illegally used prescription drugs?						YES	NO
27. Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?						YES	NO
28. In the last five (5) years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						YES	NO
<i>If you answered "Yes", provide the date(s) and explanation of your use below.</i>							
Question #	1) Month/Year	Month/Year	Controlled Substance/Prescription Drug Used			Number of Times Used	
		To					
Question #	2) Month/Year	Month/Year	Controlled Substance/Prescription Drug Used			Number of Times Used	
		To					
Use of Alcohol							
29. In the last five (5) years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?						YES	NO
<i>If you answered "Yes", provide the date(s) of treatment/counseling and additional information below.</i>							
1) Month/Year	Month/Year	Name/Address of Counselor or Doctor			State	Zip code	
		To					
1) Month/Year	Month/Year	Name/Address of Counselor or Doctor			State	Zip code	
		To					

Questionnaire Continuation

Last Name		First Name		Middle Initial	Jr., II, etc.	Social Security Number	
Public Record Civil Court Actions							
30. In the last five (5) years, have you been a party to any public record civil court actions not listed elsewhere on this form?						YES	NO
<i>If you answered "Yes" for any of the above questions in this section, provide the information requested below.</i>							
Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved		Court		

Financial Records							
31. In the last five (5) years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt?						YES	NO
32. In the last five (5) years, have you had your wages garnished or had any property repossessed for any reason?						YES	NO
33. In the last five (5) years, have you had a lien placed against your property for failing to pay taxes or other debts?						YES	NO
34. In the last five (5) years, have you had any judgments against you that have not been paid?						YES	NO
35. In the last five (5) years, have you defaulted on any type of loan?						YES	NO
36. In the last five (5) years, have you had bills or debts turned over to a collection agency?						YES	NO
37. Have you ever experienced financial problems due to gambling?						YES	NO
38. Have you ever been under investigation for embezzlement?						YES	NO
<i>If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.</i>							
Question #	Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case		

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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Use of Information Technology Systems

39. In the last five (5) years, have you illegally or without proper authorization entered into an information technology system?	YES	NO
40. In the last five (5) years, have you illegally or without proper authorization modified, destroyed, manipulated or denied others access to information residing in an information technology system?	YES	NO
41. In the last five (5) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines or regulations?	YES	NO

If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Question #	Nature of Incident/Offense	Location of Incident	Action Taken

Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	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.

Certification that My Answers are True		
<p>My statements on this questionnaire, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p>		
<input type="text"/> Applicant's Initials	<input type="text"/> Date	
<p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Pueblo of Laguna and Personnel Security Consultants, Inc. and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
<input type="text"/> Applicant's Signature	<input type="text"/> Printed Name	<input type="text"/> Date

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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Release to Obtain a Credit Report
Fair Credit Reporting Act of 1970, as amended

One or more consumer credit reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681, *et seq.* Should a decision to take any adverse action against you be made based either in whole or in part on the consumer credit report, the consumer reporting agency that provided the report played no role in the [redacted] and Personnel Security Consultants, Inc. decision to take such adverse action.

Information provided by you on the form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual services, and/or (3) security clearance or access. The information obtained may be re-disclosed to other agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Your Social Security number is needed to keep records accurate, because other people may have the same name.

I hereby authorize the [redacted] and/or Personnel Security Consultants, Inc., to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Applicant's Signature

Printed Name

Date

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle records, and/or national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the .

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the , whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Position For Which You Are Being Investigated			Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()	

Authorization for Release of Medical Information

Only requested to be signed if question 21 of the Investigative Questionnaire for Law Enforcement Positions has been answered in the affirmative.

Note: *This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer **only** these questions.*

I am seeking assignment to or retention in a position with the [redacted] which may require access to classified national security information. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the [redacted] and/or Personnel Security Consultants, Inc. conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for official use by the [redacted] only for the purpose of determining my suitability for employment in a law enforcement position with the [redacted].

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon the termination of my affiliation with the [redacted], whichever is sooner.

Signature (sign in black ink)	Printed Name	Date Signed
Position for Which You Are Being Investigated		Primary Contact Number
Current Address	State	Zip Code
		Secondary Contact Number ()