



# OFFICE OF BACKGROUND INVESTIGATIONS

P.O. Box 4020

Window Rock, Arizona 86515

Tel: (928) 810-8589

www.obி.navajo-nsn.gov

Fax: (928) 810-8599



## PERSONAL INFORMATION LOCAL SCHOOL BOARD MEMBERS

Please print and do not leave any fields blank. If it does not apply, write **NONE**.

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Other Names Used: \_\_\_\_\_  
*(Maiden, different spelling, etc.)*

Social Security No.: \_\_\_\_\_ Certificate of Navajo Indian Blood: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female  
*mm/dd/yy State Only*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Ethnicity:

- Native American
- African American
- Asian
- Caucasian
- Hispanic

Physical Address: \_\_\_\_\_  
*(No P.O. Box)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone No.: (\_\_\_\_) \_\_\_\_\_ Message Phone No.: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Identification Card or  Driver's License

No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Has your state driver's license ever been suspended or revoked?  Yes  No

If so, explain the circumstances and which state(s).

Have you ever received a background check from our office?  Yes  No

Are you related to anyone from our office?  Yes  No If yes, please provide name: \_\_\_\_\_

I hereby understand that I am required to provide accurate and truthful information, and not to omit material information needed to make a decision. Any misrepresentation, falsification, or material omissions in any information that I have provided to the Office of Background Investigations may result in my exclusion from further consideration for employment or termination of employment under Navajo Nation Code, 11 N.N.C. § 8 (D) (4).

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## LOCAL SCHOOL BOARD

### BACKGROUND CHECK RELEASE FORM

I understand that a background check with the Navajo Nation will be conducted by the Navajo Nation Office of Background Investigations pursuant to the *Health, Education, and Human Services Committee, HEHSCD-11-22*. In addition to meeting the requirements of Public Law 101-630, C.F.R. Part 63, and applicable Navajo Nation Laws and Policies.

I authorize the Navajo Nation Office of Background Investigations to conduct a background check on me, to obtain any information relating to my federal, state, local and tribal criminal history records. In addition, civil and administrative records shall be included pursuant to the *Health, Education, and Human Services Committee, HEHSCD-11-22*, and may include: Navajo Nation Courts, Navajo Ethics and Rules Office, White Collar Crime Unit, Navajo Division of Public Safety, Office of the Chief Prosecutor, Department of Personnel Management, Office of the Auditor General and State Motor Vehicle Departments.

I authorize custodians of records and sources of information pertaining to me to release such information upon the request of the Navajo Nation Office of Background Investigations authorized above.

I understand that the information released by record custodians and sources of information is for official use by the Navajo Nation Office of Background Investigations for the sole purpose of determining my suitability as a Local School Board Member.

Full Legal Name: (First Name, Middle Name, Last Name, Suffix i.e., Jr. Sr.)		Date of Birth: (mm/dd/yyyy)	Social Security Number:  - -
Mailing Address:	City:	State:	Zip Code:
Other Names Used (Different Spelling, Nickname, Maiden Name, etc.):			Certificate of Indian Blood:

I hereby certify that I have read the foregoing statement and understand the content and authorize the release of such records and information about myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

{Stamp/ Seal Here}

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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## LOCAL SCHOOL BOARD SUPPLEMENTAL QUESTIONNAIRE

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **Investigative Questionnaire**

The Crime Control Act of 1990, Public Law 101-647 (codified in 42 U.S. Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or convicted of a crime involving a child, violence, sexual assault, sexual molestations, sexual exploitation, sexual contact or prostitution, or crimes against persons;

- Yes If "yes", provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department of court involved.

- No

Public Law 101-630 (codified in 25 U.S. Code § 3207), requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

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 If "yes", provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

- No

The Navajo Nation Election Code, 11 N.N.C. § 8 (D) (4), sets the qualification for School Board candidates. These mandatory qualifications state in part of that School Board candidates must not have been convicted of a felony.

Have you been convicted of felonious offense?

- Yes If "yes", provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

