SAMPLE

(revise based on school policy/procedures)

Questionnaire for Designated Child Care Positions

Instructions

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets. We recommend that you keep a photocopy of your completed form for your records.

Last, First, Middle, Suffix **1. Full Name:** Luke Skywalker		
2. Other Names Used – Maiden name, from a former marriage, alias(s), or Nicknames. If 'Yes' provide your other name(s) used and the reason why the name changed.		
Name: N/A	Provide the reason(s) why the name changed:	
Name: N/A	Provide the reason(s) why the name changed:	
Name: N/A	Provide the reason(s) why the name changed:	
3. Date of Birth: 00/00/0000	**4. Social Security Number:** 000-00-0000	
5. Place of Birth: Asteroid Colony of Polis Massa, USA		
6. Your Contact Information – Information may be used as a contact method and to identify subjects in record.		
Personal/Home Email Address: luke.skywalker@tatooine.net	Work/Alternative Email Address:	
Home Telephone Number: (555) 555-5555	Cell/Mobile Telephone Number: (555) 555-5555	Work/Alternative Number: ()

7. Where You Have Lived – List the places where you have lived beginning with your present address and working back 5 years. Residence for the entire period must be accounted for without breaks. Indicate the physical location of your residence, not a Post Office box. If you split your time between one or more residences during the time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.			
Enter Residence Information -			
#1 – Provide dates of your present residence			
From Date (month/year): 05/04/1900 ☐Est.	To Date: **PRESENT**		
Physical Street Address: 0000 Exile Ave	City: Oceanic World	State: NM	Zip Code: 555555
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☒Yes ☐No
#2 – Provide dates of residence			
From Date (month/year): Click or tap to enter a date. ☐Est.	To Date (month/year):Click or tap to enter a date. ☐Est.		
Physical Street Address:	City:	State:	Zip Code:
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☐Yes ☐No
#3 – Provide dates of residence			

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From Date (month/year): Click or tap to enter a date. ☐Est.	To Date (month/year): Click or tap to enter a date. ☐Est.		
Physical Street Address:	City:	State:	Zip Code:
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☐Yes ☐No
#4 – Provide dates of residence			
From Date (month/year): Click or tap to enter a date. ☐Est.	To Date (month/year): Click or tap to enter a date. ☐Est.		
Physical Street Address:	City:	State:	Zip Code:
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☐Yes ☐No
#5 – Provide dates of residence			
From Date (month/year): Click or tap to enter a date. ☐Est.	To Date (month/year): Click or tap to enter a date. ☐Est.		
Physical Street Address:	City:	State:	Zip Code:
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☐Yes ☐No
#6 – Provide dates of residence			
From Date (month/year): Click or tap to enter a date. ☐Est.	To Date (month/year): Click or tap to enter a date. ☐Est.		
Physical Street Address:	City:	State:	Zip Code:
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?			☐Yes ☐No

8. Where You Went to School – Do not list education before your 18th birthday, unless to provide a minimum of two (2) year of education history.

#1 – Provide Education Information	
From Date (month/year): 05/2018	From Date (month/year): 05/2026
Name of School: Jedi Order University	Select the most appropriate description of your school: ☐ High School ☒ College/University ☐ Vocational/Technical/Trade ☒ Online/Distance School
Address of the School - for online/distance school, provide the address where the records are maintained.	
Street Address (Include city, state, and zip code): 0000 Star Wars Bank St, Oceanic World, NM 55555	Telephone Number: Email Address:
Did you receive a degree/diploma? ☒ Yes – provide type of degree(s)/diploma received and date(s) awarded ☐ No	
Select type of degree received (select one): ☐ Diploma (HS/GED) ☐Associate's ☒ Bachelor's ☐ Master's ☐ Doctoral ☐ Attendance Only ☐ Certificate ☐ Other	Date Awarded (month/year): 05/2026 ☐Est.
#2 – Provide Education Information	
From Date (month/year): Click or tap to enter a date.	From Date (month/year): Click or tap to enter a date.
Name of School:	Select the most appropriate description of your school: ☐ High School ☐ College/University ☐ Vocational/Technical/Trade ☐ Online/Distance School
Address of the School - for online/distance school, provide the address where the records are maintained.	
Street Address (Include city, state, and zip code):	Telephone Number: Email Address:
Did you receive a degree/diploma? ☐ Yes – provide type of degree(s)/diploma received and date(s) awarded ☐ No	

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Select type of degree received (select one):	Date Awarded (month/year):
☐ Diploma (HS/GED) ☐Associate's ☐ Bachelor's ☐ Master's ☐ Doctoral ☐ Attendance Only ☐ Certificate ☐ Other	Click or tap to enter a date. ☐Est.

#3 – Provide Education Information

From Date (month/year): Click or tap to enter a date.	From Date (month/year): Click or tap to enter a date.
Name of School:	Select the most appropriate description of your school: ☐ High School ☐ College/University ☐ Vocational/Technical/Trade ☐ Online/Distance School

Address of the School - for online/distance school, provide the address where the records are maintained.

Street Address (Include city, state, and zip code):	Telephone Number: Email Address:

Did you receive a degree/diploma?

☐ Yes – provide type of degree(s)/diploma received and date(s) awarded ☐ No

Select type of degree received (select one):	Date Awarded (month/year):
☐ Diploma (HS/GED) ☐Associate's ☐ Bachelor's ☐ Master's ☐ Doctoral ☐ Attendance Only ☐ Certificate ☐ Other	Click or tap to enter a date. ☐Est.

9. Employment Activities - List all of your employment activities beginning with the present and working back 5 years. **The 5-year period must be accounted for without breaks.** For periods of unemployment, list dates and "unemployed" or "attending school." Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

#1 – Employer Name: Mandalorian LLC	If applicable (select one) ☐ Self-employed ☐ Unemployed ☐ Other_____
From Date (month/year): 11/2015 ☐Est.	From Date (month/year): 12/2025 ☐Est.
Duty Station Location (City and State): Bounty Hunter, NM	Provide most recent position title: Jedi Specialist
Street Address (Include city, state, and zip code): 0000 Mando Blvd, Bounty Hunter, NM	Telephone Number: 000-000-0504 Alternate Telephone Number:

Provide the name of your supervisor

Last Name: Kenobi	First Name: Obi-Wan	Position Title: Master Jedi

Provide contact information for this supervisor

Street Address (Include city, state, and zip code): 0000 Mando Blvd, Bounty Hunter, NM	Telephone Number: 000-000-0504 Alternate Telephone Number: Email Address:

For this employment, in the **last 5 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): Click or tap to enter a date.

For this employment have any of the following happened to you in the last 5 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

If 'Yes" select the type of incident

Select type of incident (select one):	Reason(s) for the type of incident selected:	Departure Date (month/year):
☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges of allegations of misconduct		Click or tap to enter a date.

If no longer employed, provide the specific reason why you left this employment:

#2 – Employer Name:	If applicable (select one) ☐ Self-employed ☐ Unemployed ☐ Other
From Date (month/year): Click or tap to enter a date. ☐Est.	From Date (month/year): Click or tap to enter a date. ☐Est.
Duty Station Location (City and State):	Provide most recent position title:
Street Address (Include city, state, and zip code):	Telephone Number: Alternate Telephone Number:

Provide the name of your supervisor

Last Name:	First Name:	Position Title:

Provide contact information for this supervisor

Street Address (Include city, state, and zip code): 0000 Disney Plus Pl. Grogu, NM 000000	Telephone Number: 000-000-0504 Alternate Telephone Number: Email Address:

For this employment, in the **last 5 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): Click or tap to enter a date.

For this employment have any of the following happened to you in the last 5 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

If 'Yes" select the type of incident

Select type of incident (select one):	Reason(s) for the type of incident selected:	Departure Date (month/year):
☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges of allegations of misconduct		Click or tap to enter a date.

If no longer employed, provide the specific reason why you left this employment:

#3 – Employer Name:	If applicable (select one) ☐ Self-employed ☐ Unemployed ☐ Other_____
From Date (month/year): Click or tap to enter a date. ☐Est.	From Date (month/year): Click or tap to enter a date. ☐Est.
Duty Station Location (City and State):	Provide most recent position title:
Street Address (Include city, state, and zip code):	Telephone Number: Alternate Telephone Number:

Provide the name of your supervisor		
Last Name:	First Name:	Position Title:
Provide contact information for this supervisor		
Street Address (Include city, state, and zip code):	Telephone Number: Alternate Telephone Number: Email Address:	

For this employment, in the **last 5 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): Click or tap to enter a date.

For this employment have any of the following happened to you in the last 5 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

If 'Yes" select the type of incident		
Select type of incident (select one): ☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges of allegations of misconduct	Reason(s) for the type of incident selected:	Departure Date (month/year): Click or tap to enter a date.

#4 – Employer Name:	If applicable (select one) ☐ Self-employed ☐ Unemployed ☐ Other_____
From Date (month/year): Click or tap to enter a date. ☐Est.	From Date (month/year): Click or tap to enter a date. ☐Est.
Duty Station Location (City and State):	Provide most recent position title:
Street Address (Include city, state, and zip code):	Telephone Number: Alternate Telephone Number:

Provide the name of your supervisor		
Last Name:	First Name:	Position Title:

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Provide contact information for this supervisor	
Street Address (Include city, state, and zip code):	Telephone Number: Alternate Telephone Number: Email Address:

For this employment, in the **last 5 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): Click or tap to enter a date.

For this employment have any of the following happened to you in the last 5 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

If 'Yes" select the type of incident		
Select type of incident (select one): ☐ Fired ☐ Quit after being told you would be fired ☐ Left by mutual agreement following charges of allegations of misconduct	Reason(s) for the type of incident selected:	Departure Date (month/year): Click or tap to enter a date.

If no longer employed, provide the specific reason why you left this employment:

Police Record - 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.

	YES	NO
10. In the last 5 years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official including tribal law enforcement officials?	☐	☒
11. In the **last 5 years** 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).	☐	☒
12. In the last 5 years have you been or are you currently on probation or parole?	☐	☒

If you have responded "Yes" to any of the above questions in this section, use the space below to ***provide the date, explanation of the violation/offense, place of violation, place of occurrence, arresting law enforcement/military agency or the court involved.***

Police Record - For this section, each question is asking to respond if any of the following has EVER occurred 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.

13.	Have you EVER been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Required by 25 United States Code § 3207, 25 Code of Federal Regulations 63.15(a)(b)	**YES** ☐ **NO** ☒
14.	Have you EVER been arrested or charged with a crime involving a child? Required by Section 231 (d) of the Crime Control Act of 1990, Public Law 101-647 (codified in 34 United States Code § 20351)	**YES** ☐ **NO** ☒

If you have responded "Yes" to any of the above questions in this section, use the space below to ***provide the date, explanation of the violation/offense, place of violation, place of occurrence, arresting law enforcement/military agency or the court involved.***

Illegal Use of Drugs and Drug Activity – The following questions pertain to the illegal use of drugs or controlled substance activity in accordance with federal laws, even though permissible under state laws.

15.	In the last 5 years, have you illegally used any drugs or controlled substance? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substances.	**YES** ☐ **NO** ☒
16.	In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	**YES** ☐ **NO** ☒

If you responded "Yes" to the above questions in this section, use the space below to provide the date(s), the type of drug or controlled substance and the number of times used or your involvement. Examples include: THC (marijuana, weed, hashish, etc.); cocaine; crack cocaine; narcotics (opium, morphine, codeine, heroin); stimulants (amphetamines, speed, crystal meth, ecstasy); depressants (barbiturates, methaqualone, tranquilizers); hallucinogenics (LSD, PCP, mushrooms); ketamine (special K, jet); inhalants (toluene, amyl nitrate); steroids (clear, juice) or other.

17. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any drug or controlled substance?	**YES** ☐ **NO** ☒
If you responded "Yes" to the above question, use the space below to provide the date(s), the prescription drug that you misused, and the reason(s) for and circumstances of the misuse of the prescription drug.	

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 and then sign and date the following certification and the attached release(s).

I certify that the statements made on this form, and in any attachments submitted with it, are true and complete to the best of my knowledge and are made under penalty of perjury. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001) and [**School Name**] internal policies. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated childcare position, employment prospects, credentialing, or job status, up to and including denial or revocation of my credentials, or my removal and debarment from employment with the [**School Name**].

I understand my right to obtain a copy of any national criminal history report made available to the [**School Name**] and/or [**Third Party Company**] and my rights to challenge the accuracy and completeness of any information contained in the report.

Print Name: Luke Skywalker	**Signature Date:** 12/1/2025
Signature: Luke Skywalker	

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Authorization for Release of Information and Certification (AFR)

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

I Authorize the [**School Name**] personnel security representative initiating and/or conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publicly available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the [**School Name**] personnel security 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 [**School Name**] in connection with personnel security screening to determine suitability for employment and that it may be disclosed by the [**School Name**] only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Print Name: Luke Skywalker	**Signature Date:** 12/1/2025
Signature: *Luke Skywalker*	

Applicant, Volunteer, and Employee Rights

The rights an applicant, volunteer, and employee have during the records check:

(a) The applicant, volunteer, or employee must be provided an opportunity to explain, deny, or refute unfavorable and incorrect information gathered in an investigation, before the adjudication is final. The applicant, volunteer, or employee should receive a written summary of all derogatory information and be informed of the process for explaining, denying, or refuting unfavorable information.

(b) Employers and adjudicating officials must not release the actual background investigative report to an applicant, volunteer, or employee. However, they may issue a written summary of the derogatory information.

(c) The applicant, volunteer, or employee who is the subject of a background investigation may obtain a copy of the reports from the originating (Federal, state, or other tribal) agency and challenge the accuracy and completeness of any information maintained by that agency.

(d) The results of an investigation cannot be used for any purpose other than to determine suitability for employment in a position that involves regular contact with or control over Indian children.

(e) Investigative reports contain information of a highly personal nature and should be maintained confidentially and secured in locked files. Investigative reports should be seen only by those officials who in performing their official duties need to know the information contained in the report.

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Supervisor Reference Check Form

Supervisory reference checks must be obtained in accordance with 25 CFR 63.17(e)(2). If a reference cannot or will not provide all requested information, document the reason provided, and any information they are able to confirm (e.g. dates of employment, position title, etc.). If a reference is unresponsive, document all attempts made.

Applicants Full Name: Luke Skywalker (Last, First, Middle)			
Employer/Company Name: Mandalorian LLC			
Supervisor Name: Obi-Wan Kenobi			
Date(s) of Contact:	1st Attempt Date: 1/5/2026	2nd Attempt Date: 1/7/2026	3rd Attempt Date: ☐1/8/2026
Date of Employment:		From: 11/2015 To: 12/2025	
Positions(s) Held: Jedi Specialist			
Reason for Leaving: ☐ Fired/Quit after being told they would be fired ☐ Quit after mutual agreement due to specific problems ☐ Termination (Expiration of Appointment and/or Contract ☐ Resignation ☐ Transferred to another agency ☒ Still employed ☐ Other – Provide additional details		Provide a brief explanation:	
1. How would you describe the applicant's relationships with coworkers, subordinates (if applicable), and with superiors?		Good. Well Liked by the staff. Works well with his supervisor and other program staff.	
2. How would you describe the applicant's ethic and/or attitude? Please elaborate		Good work ethic and works well with others. Does a good job.	
3. How would you describe the applicant's attendance and reliability?		Good.	
4. What is your overall assessment of the applicant?		Good employee.	
5. Would you recommend the applicant for this position? Why or why not?		Yes. He is a good worker.	
6. Would you rehire this individual? Why or why not?		Yes.	
7. Do you have any reason to question this person's honesty or trustworthiness?		No.	

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8. Are you aware of any involvement in criminal activity by this individual? If so, please explain.	No.
9. Have there been any difficulties with the employee which resulted in disciplinary action? If no, move to question 10	No.
a. If yes, what type of disciplinary action was taken?	
b. Did the employee contest the disciplinary action and was it sustained?	
c. Did the difficulties or problems continue or were they corrected	
10. Are there any problems or conditions that would interfere with his/her ability to care for children or endanger the children in his/her care (i.e., suspected child abuse).	No, I am not aware of any problems.
11. Provide a brief description of the duties the candidate performed.	As a Jedi Specialist, he works with all of the office programs, assists the CEO on tracking sensitive deadlines and reports. He also assists with staff coverage.

CERTIFICATION: I certify that the information provided in this reference check is accurate based on my communication with the previous supervisor and/or professional reference.

Print Name: Darth Vader	**Signature Date:** 12/31/2025
Signature: Darth Vader	

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Employment Verification

Your contact information was provided by the person identified below to assist in completing a background investigation to help us determine this person's eligibility for employment. The person we are inquiring about has given written consent for this inquiry. We ask that you complete all items on this form and return.

Applicants Full Name: Luke Skywalker (Last, First, Middle)	
Other Names Used: N/A	
Date of Birth: 00/00/0000	**Place of Birth:** Asteroid Colony of Polis Massa, USA
Social Security Number: 000-00-0000	**Position Requiring Investigation:** Alliance Specialist

Claimed Employment			
From:	**To:**	**Position Held**	**Name of Supervisor**
11/01/2015	12/31/2025	Jedi Specialist	Obi-Wan Kenobi
Click or tap to enter a date.	Click or tap to enter a date.		
Click or tap to enter a date.	Click or tap to enter a date.		
Click or tap to enter a date.	Click or tap to enter a date.		

Please Complete the Items Shown Below

1. Is the information shown above the same as your records?	☐ No (please explain in item 6) ☒ Yes ☐ We Have No Record of This Person
2. Mark One of the Following Pertaining to This Person's Employment:	☒ Subject Currently Employed Here ☐ Left Employment Voluntarily/Employment Entirely Favorable ☐ Separated Because of Company Cutback in Workforce or Change in Skill Needs ☐ Left Employment Voluntarily /Employment Not Entirely Favorable (Please explain in item 6) ☐ Fired (Please explain in item 6) ☐ Quit After Being Told They Would Be Fired (Please explain in item 6) ☐ Left by Mutual Agreement Following Charges or Allegations of Misconduct (Please explain in item 6) ☐ Left by Mutual Agreement Following Notice of Unsatisfactory Performance (Please explain in item 6)
3. Is This Person Eligible For Rehire?	☒Yes ☐No – Due to Company Policy and/or Not Related to Unfavorable Employment ☐No – For Reasons Relating to Unfavorable Employment (Please Explain in item 6)

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4. Do You Have Any Reasons To Question This Person's Honesty Or Trustworthiness?	☒ No ☐ Yes (Please Explain in item 6) ☐ I Do Not Know This Person Well Enough to Respond ☐ I Wish to Discuss the Adverse Information I Have
5. Do You Have Any Adverse Information About This Person's Employment, Residence or Activities Concerning	**Yes** **No** ☒ ☐ Violations Of the Law ☒ ☐ Finances ☒ ☐ Abuse of Alcohol ☒ ☐ Abuse/Illegal Use of Drugs ☒ ☐ Mental or Emotional Stability ☒ ☐ General Behavior or Conduct ☒ ☐ Other Matters
6. Additional information which you feel may have a bearing on this person's eligibility for employment. This space may be used to provide derogatory as well as positive information, to request confidentiality, and/or to request a copy of the consent.	
7. Do You Recommend This Person for Employment?	☒ Yes ☐ No (Please Explain in item 6) ☐ I Do Not Know This Person Well Enough to Make a Recommendation
Print Name: Han Solo	
Signature: Han Solo	**Date:** 1/1/2026
Your Title/Organization: Human Resources Tech	
Email address: han.solo@millenniumfalcon.llc	
Daytime Telephone Number: 555-555-5555	

[redacted]
UNM ID: ***- *-[redacted]
DATE OF BIRTH: [redacted]

THE UNIVERSITY OF NEW MEXICO
OFFICE OF THE REGISTRAR
ALBUQUERQUE, NEW MEXICO 87131-0001

DATE ISSUED: [redacted]
12/15/2025

Course Level: Graduate/GASM

Current Program
Master of Arts
College : Graduate Programs
Campus : Main Campus
Major : Educational Leadership

Degree Awarded Master of Arts 30 - June 2022
Primary Degree
College : Graduate Programs
Campus : Main Campus
Major : Educational Leadership

SUBJ	NO.	COURSE TITLE	CRED	GRD	PTS	R
INSTITUTION CREDIT:						
Summer [redacted]						
Graduate Programs						
LEAD	512	PUBLIC ED IN NEW MEX	3.00	A	12.00	
LEAD	581	SEM/CURRIC PLAN FOR	3.00	A+	12.99	
LEAD	581	S/RSCH FOR SCH ADMS	3.00	A	12.00	
LEAD	596	INTERNSHIP	3.00	A	12.00	
Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 48.99 GPA: 4.08						
Fall [redacted]						
Graduate Programs						
LEAD	501	FDNS OF EDUC LEAD	3.00	A	12.00	
LEAD	560	SUPERV INSTRU-EL-SEC	3.00	A-	11.01	
LEAD	592	W/PORTFOLIO	1.00	A	4.00	
LEAD	596	INTERNSHIP	3.00	A-	11.01	
Ehrs: 10.00 GPA-Hrs: 10.00 QPts: 38.02 GPA: 3.80						
Spring [redacted]						
Graduate Programs						
LEAD	522	SCH BUS MANAGEMENT	3.00	A-	11.01	
LEAD	561	SCHOOL LAW	3.00	A-	11.01	
LEAD	592	W/TECH FOR EDUC LDRS	1.00	A-	3.67	
LEAD	596	INTERNSHIP	3.00	A	12.00	
Ehrs: 10.00 GPA-Hrs: 10.00 QPts: 37.69 GPA: 3.76						
Summer [redacted]						
Graduate Programs						
LEAD	509	ORGANIZATN ANALYSIS	3.00	A	12.00	
LEAD	592	W/MANG IN COMP TCHR	1.00	A	4.00	

********** CONTINUED ON NEXT COLUMN **********

SUBJ	NO.	COURSE TITLE	CRED	GRD	PTS	R
Institution Information continued:						
LEAD	595	ADV FLD EXPERIENCES	3.00	A	12.00	
Ehrs: 7.00 GPA-Hrs: 7.00 QPts: 28.00 GPA: 4.00						
Spring [redacted]						
Graduate Programs						
LEAD	592	W/SPC ED FOR ED LDRS	1.00	A	4.00	
Ehrs: 1.00 GPA-Hrs: 1.00 QPts: 4.00 GPA: 4.00						

********** TRANSCRIPT TOTALS **********

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	40.00	40.00	156.70	3.91
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	40.00	40.00	156.70	3.91

********** CONTINUED ON PAGE 2 **********

ISSUED TO:

[redacted]

Alex Gonzalez, Registrar

NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION
PO BOX 3360, WINDOW ROCK, ARIZONA 86515
Phone: (928) 357-6210

____ CRIMINAL RECORD
XX CRIMINAL/TRAFFIC RECORDS **
____ TRAFFIC RECORD **
** TRAFFIC CIVIL & CRIMINAL

CT NO. : [redacted]

NAME : [redacted]
CENSUS : [redacted] DOB: [redacted]
ADDRESS : [redacted]

ALIAS: N/A
SSN: [redacted]
OTHER: N/A

RECORDS OF ARREST AND PROSECUTION
(THE FOLLOWING INFORMATION IS FURNISHED FOR OFFICIAL USE ONLY!!!)

DATE	CHARGE	FINAL DISPOSITION	DISPO. DATE
04/23/26	No Criminal/Traffic Record on File **0 - Offense (NOTHING FOLLOWS)** **NOTE: Eighteenth (18) Birthday Criminal/Traffic History Only!**	----------	04/23/26

I certify: This copy is an exact
duplicate of record on file.
INFORMATION MANAGEMENT SECTION.
Navajo Police Department
By: [signature]

Information Management Section
OFFICIAL RECORD
Navajo Police Dept.

Requester : [redacted]
Purpose : Employment
Supervisor : [signature]
Telephone : [redacted]
Prepared By :
Date/Time :

Search Public Sex Offender Registries

Search Public Sex Offender Registries +

Showing Results For:

First Name: Luke, **Last Name:** Skywalker, **State/Territory:** All, **Indian Country:** All
Search performed 12/2/2025, 1:32:10 PM Mountain Daylight Time

Print

Next

Show All entries

Showing 0 to 0 of 0 entries

Offender	Age	Aliases	Address
No data available in table			

Showing 0 to 0 of 0 entries

Next

[redacted] [redacted] [redacted]SER: 94A SOI: IND0

CIVIL APPLICANT RESPONSE

NCN E2026175000000253092 CIDN OCA

[redacted]

MNU SOC SEX U RAC HGT 000

US0PM000Z DCSA

BOYERS PA

A SEARCH OF THE FINGERPRINTS ON THE ABOVE INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA.

CJIS DIVISION

2025/12/05 FEDERAL BUREAU OF INVESTIGATION

AUTHORIZATION FOR RELEASE OF INFORMATION

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628

ATTN: LERB Customer Engagement Team

I [redacted] [redacted] [redacted]

NAME (MUST BE PRINTED-LEGIBLY) SSN # DOB

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

[redacted] [redacted]

NAME (MUST BE PRINTED)
(IF NO AGENT, PRINT "SELF")

ADDRESS

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

DPS USE ONLY

"NO RECORD" AR 12.26.25
SEARCH OF NAME, DOB & SSN
DEPT. OF PUBLIC SAFETY
RECORDS BUREAU
P.O. BOX 1628
SANTA FE, NM 87504-1628

DPS USE ONLY DPS USE ONLY

[redacted]

APPLICANT SIGNATURE: 16 Dec 2025 DATE

SIGNED AND SWORN TO BEFORE ME ON THIS 16th DAY OF December 2025.

STATE OF New Mexico COUNTY OF Bernalillo

(SEAL)

NOTARY PUBLIC SIGNATURE

July 05, 2026
MY COMMISSION EXPIRES

STATE OF NEW MEXICO
NOTARY PUBLIC
Brooke Lopez
Commission No. 1138322
July 05, 2026

SAMPLE

(revise based on school policy/procedures)

LINE-OF-SIGHT SUPERVISION (LOSS) RULES OF BEHAVIOR

Public Law 101-647 permits [**School Name**] to provisionally hire applicants prior to the completion of a background check if, at all times prior to receipt of the background check, the person is within the sight and under the supervision of a staff person with respect to whom a background check has been completed.

Please note, the completion of this form does not authorize an applicant to begin providing work or services immediately. Authorization to begin providing work or services will be granted upon receipt of a favorable provisional adjudication determination notification.

Instructions:

If electing to utilize LOSS and designate a Security Escort for an individual, the school, facility, or office assumes all associated risk and must comply with the LOSS requirements for escorting and supervising the individual until a favorable pre-employment determination notice has been received.

The following sections and signatures (page 2 – 3) are required to acknowledge compliance under LOSS - Rules of Behavior Agreement:

- Section 1 – School or Site Supervisor/Manager/Designated Personnel
- Section 2 – Security Escort (School Supervisor/Manager/Designated Personnel)
- Section 3 – Escortee (Provisional Hire)

SAMPLE

(revise based on school policy/procedures)

LINE-OF-SIGHT SUPERVISION (LOSS) RULES OF BEHAVIOR AGREEMENT

Applicants Full Legal Name	Luke Skywalker
Position Title	Alliance Specialist

Section 1 – Site Supervisor/Manager/Designated Personnel

The site supervisor/manager/designated personnel or designated representative, as appropriate, is responsible for the following requirements associated with these "Rules of Behavior":

1. Ensuring an employee or contractor employee with a favorably adjudicated background investigation is assigned as the Security Escort for all Provisional Hires.
2. Ensuring the Security Escort and the individual requiring escort (Provisional Hire) abide by the rules of behavior for escorting Provisional Hires, and immediately report violations of this agreement.
3. Ensuring employees designated as Security Escorts are properly trained and fully understand the rules of behavior for escorting Provisional Hires, and understand the consequences of not abiding by the rules of behavior.
4. Sending all signed "Rules of Behavior" forms to the [**School Name**].
5. Ensuring the applicant or employee complies with the background investigation requirements and processes.

Acknowledgement: I, the undersigned, have read, understand, and will comply with the above requirements pertaining to the rules of behavior. I understand that my failure to do so may result in disciplinary action up to and including my removal from employment, or the termination of contract services.

Print Name: Han Solo	**Signature Date:** 12/31/2025
Signature: *Han Solo*	

Section 2 – Security Escort (Designated Personnel)

The individual assigned to the security escort responsibilities are responsible for:

1. Maintaining LOSS with individuals to which the escort is assigned to monitor, at all times, while the escortee is on-site performing work or providing service.

    a. If escortee needs to be away from the assigned work, requires a break or needs to utilize the restroom, the escort will first ensure the restroom is unoccupied and then wait outside and resume the escort when the escortee exits. Otherwise, the escort must remain with the escortee at all times.

2. Notifying other employees of the presence of uncleared escortee in their vicinity.
3. Ensuring the health and safety of staff and Indian children at all times.
4. Escorting escortee to the appropriate evacuation point or shelter-in-place location during any emergency incident (i.e., fire evacuation, shelter-in-place, active shooter incident, etc.).
5. Immediately notifying onsite security and/or law enforcement of any incidents involving an Indian child or staff.
6. Ensuring the escortee's comply with all local visitor requirements during their visit (i.e., sign-in and sign-out, properly display their visitor badge, etc.).
7. Immediately report any violations of these Rules of Behavior.

Acknowledgement: I, the undersigned, have read, understand, and will comply with the above rules of behavior requirements. I understand that my failure to do so may result in disciplinary action up to and including my removal from employment or may be cause for termination of the contract (if the escort is a contractor employee).

Print Name: Princess Leia	**Signature Date:** 12/31/2025
Signature: *Princess Leia*	

Section 3 – Escortee (Provisional Hire)
The individual requiring escort is responsible for:

1. Complying with the instructions of the assigned security escort at all times.
2. Remaining within the line-of-sight of the assigned escort at all times.
3. Wearing any issued name tags, or other issued identifier, designating the requirement of an escort which is to be visible above their waist.
4. Not interacting with any Indian children unless required to do so as part of the site visit.
5. Comply with and complete the [**School Name**] background check requirements.

Acknowledgement: I, the undersigned, have read, understand, and will comply with my responsibilities under these rules of behavior. I understand that my failure to do so may result in being permanently banned from this facility as well as all other facilities either managed by or under the jurisdiction of the Bureau of Indian Education.

Print Name: Luke Skywalker	**Signature Date:** 12/1/2025
Signature: *Luke Skywalker*	

SAMPLE

(revise based on school policy/procedures)

ADJUDICATIVE WORKSHEET (AWS)

Section 1 - Case Information:

Subject: Luke Skywalker	**Position Title:** Alliance Specialist
Hire Date: 01/02/2026	**Control Date** (*Date Security Questionnaire signed*) 12/1/2025

Section 2 - Security Packet Document Checklist:

Completed Documents Required	Yes	No	N/A	Date(s) Completed
Security Questionnaire	☒	☐		12/1/2025
National Sex Offender Check	☒	☐		12/2/2025
Federal Bureau of Investigation Fingerprint Results	☒	☐		12/5/2025
State Criminal History Repository (SCHR) Results	☒	☐		12/26/2025
Employment Verification	☒	☐		1/1/2026
Supervisory Reference Checks	☒	☐		12/31/2025
Education Verification (*if required*)	☒	☐	☐	12/15/2025
Local Law Enforcement Inquiry (LLEI) (*if applicable*)	☒	☐	☐	4/23/2026
Line-of-Sight Supervision (LOSS) Acknowledgement form (*if applicable)*	☒	☐	☐	12/31/2025
DD Form 214 *(if applicable)*	☐	☐	☒	
Employment Eligibility Verification (e.g. I-9)	☒	☐	☐	1/2/2026

Section 3 - Identified Issues, file contains the following issues:

MINIMUM STANDARDS OF CHARACTER/QUALIFICATIONS STANDARDS (25 CFR 63, P.L. 101-647)	
☐	Misconduct or negligence in employment (1)
☐	Criminal or dishonest conduct (2)
☐	Intentional false statement, deception, fraud (3)
☐	Refusal to furnish testimony (4)
☐	Alcohol abuse (5)
☐	Illegal use of drugs (6)
☐	Knowing, willing engagement acts designed to disrupt government programs (7)
☐	**Statutory or regulatory bar**
☒	Security files contained no issues

Section 4 - Issue Grid:

Suitability Factor	Date of Issue	Issue Characterization	Time Elapsed	Upgrade or Downgrade	Final Issue Characterization
1. 2. 3.					

Section 5 - Issue Evaluation:
(To include due process details, aggravating or mitigating additional considerations)

Issue 1. **Issue 2.** **Issue 3.**

Due Process Conducted			
Interrogatory/Inquiry Notice ☐	Subject Response(s) ☐	Letter of Advisment ☐	Not Applicable ☒
Date Sent:	Date Received:	Date Signed:	

Additional Considerations 25 CFR 63.17
The nature and seriousness of the conduct
The circumstances surrounding the conduct
The recency of the conduct
The age of the person involved at the time of the conduct
Contributing societal conditions
Probability the individual will continue the behavior
The absence or presence of rehabilitation

Section 6 - Case Communication and Contact:
(Capture any contact attempts with Subject, references, etc.)

Section 7 - Adjudicative Summary and Decision:

The case contained no actionable issues. Based on the information obtained from the background investigation checks conducted, it does not appear that the subjects past conduct would interfere with their performance of duties, nor would the subjects service create an immediate or long-term risk for Indian children. It has been determined that the subject's character, reputation, and trustworthiness is not in question. A favorable provisional adjudicative determination is being made to allow the subject the ability to enter-on-duty under LOSS provisions.

Adjudication	Favorable	Unfavorable	Date
	Favorable	Choose an item.	12/31/2025
Additional Notes:			

Jabba the Hutt
Adjudicator Name

Jabba the Hutt
Adjudicator Signature

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
Skywalker	Luke		

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
0000 Exile Ave		Oceanic World	NM	55555

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
Luke Skywalker	01/02/2026

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1			Drivers License		SSS
Issuing Authority			NM		USA
Document Number (if any)			D000000000		000-00-0000
Expiration Date (if any)			01/01/2030		
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

- [ ] Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.