

DECLARATION FORM FOR PROSPECTIVE EMPLOYEES
SOUTHERN UTE HEAD START/EARLY HEAD START PROGRAM

Name of Prospective Employee: _____

Date of Birth: _____ Social Security #: _____

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), and Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions that involve regular contact with or control over Indian children. The following includes questions required by the above referenced citations:

1. In the last 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)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.)	YES	NO
If "YES", use item 8 on the back to provide the date, explanation of violation(s), place of occurrence, and the name and address of the police department or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted by a military court-martial in the past 5 years?	YES	NO
If "YES", use item 8 on the back to provide the date, explanation of violation(s), place of occurrence, and address of the military authority or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you now under charges for any violation of law?	YES	NO
If "YES", use item 8 on the back to provide the date, explanation of violation(s), place of occurrence, and the name and address of the police department or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been arrested for or charged with a crime involving a child?	YES	NO
If "YES", use item 8 on the back to provide the date, explanation of violation(s), disposition of the arrest(s) or charges(s), place of occurrence, and address of the military authority or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
5. 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
If "YES", use item 8 on the back to provide the date, explanation of violation(s), disposition of the arrest(s) or charges(s), place of occurrence, and address of the military authority or court involved.	<input type="checkbox"/>	<input type="checkbox"/>
6. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?	YES	NO
If "YES" use item 8 on the back to provide the date, and explanation of the problem, reason for leaving, and the employer's name and address.	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last 5 years 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) hallucinogenic (LSA, PCP, etc), or illegally used prescription drugs?	YES	NO
If "YES" use item 8 on the back to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.	<input type="checkbox"/>	<input type="checkbox"/>

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 criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to SUCAP and my rights to challenge the accuracy and completeness of any information contained in the report. **Initial and Date** _____

ITEM 8: Use this space to provide explanations to any of the questions you have answered “YES” on this questionnaire. You may use additional paper if needed to provide your answers.

The declarations may exclude:

- ~ Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- ~ Any conviction for which the record has been expunged under Federal or State Law; and
- ~ Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any offenses are not automatically disqualified from being hired. The SUCAP Human Resource Director will review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

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, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of SUCAP who is conducting my background investigation, to request 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 SUCAP only for the purposes of determining my suitability for employment with SUCAP.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless SUCAP and their respective officers, employees, board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

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 through the termination of my affiliation with SUCAP, whichever is sooner.

Signature		Printed Name		Date Signed
Position for Which you are being Investigated			Primary Contact Number	
Current Address		State	Zip Code	Secondary Contact Number

Please email this completed form to hr@sucap.org - a signature is requested during orientation.