## Application - Tribal Personnel Security Program

In order to participate in the BIA's Tribal Personnel Security Program (TPSP), please complete all questions. When asked, please provide all requested documents and/or forms. This application is being utilized to assist your program in establishing and/or maintaining a functional and compliant background investigation program. Please answer the questions to the best of your ability.

Once a completed application is received, your program will be contacted and your designated Security Official will be interviewed as part of the application process. Please refer questions to (505) 242-0848. Thank You.

NAME OF TRIBE OR TRIBAL	DATE OF APPLICATION:						
OFFICIAL MAILING ADDRESS:							
OFFICIAL POINTS OF CONTACT							
PROVIDE THE NAME AND TITLE OF THE INDIVIDUAL RESPONSIBLE FOR YOUR PROGRAM'S SECURITY/EMPLOYEE BACKGROUND INVESTIGATIONS:		TELEPHONE NUMBER	FAX NUMBER	E-MAI	L ADDRESS		
PROVIDE THE NAME AND TITLE OF THE INDIVIDUAL RESPONSIBLE FOR ACTUALLY CONDUCTING EMPLOYEE BACKGROUND INVESTIGATIONS:		TELEPHONE NUMBER	FAX NUMBER	E-MAI	L ADDRESS		
IF YOU ARE USING AN INVESTIGATIVE COMPANY, PROVIDE THE NAME OF THE COMPANY AND POINT OF CONTACT:		Address		TELE	PHONE NUMBER		
IN THE SPACE BELOW, PLEASE PROVIDE WHICH PROGRAMS WILL BE REQUESTING ACCESS TO FBI FINGERPRINT CHECKS:							

Instructions							
CORRECT MARK:  USE BLACK INK PEN ONLY.  DO NOT USE INK THAT SOAKS  PROVIDE AN ANSWER TO EAC							
1	What type of positions will your process be decile	ESTING ERI SINGEDDDINT CHECKS? (MADK ALL THAT ADDLV)					
1	WHAT TYPE OF POSITIONS WILL YOUR PROGRAM BE REQUESTING FBI FINGERPRINT CHECKS? (MARK ALL THAT APPLY).  CHILD CARE HEAD START PERSONNEL HEALTH CARE WORKERS LAW ENFORCEMENT PERSONNEL						
	□ CORRECTIONS PERSONNEL □ JUVENILE PROGRAMS □ REHABILITATION PROGRAM PERSONNEL □ SCHOOL PERSONNEL						
	□ OTHER POSITIONS WORKING WITH CHILDREN □ POSITIONS WORKING WITH ELDERLY						
	OTHER						
	PLEASE SPECIFY						
2	DO YOU HAVE A POLICY REGARDING YOUR EMPLOYEE BACKGROUND INVESTIGATIONS?						
	□ YES	■ No, Go to Question 3.					
	DOES THE POLICY REQUIRE BACKGROUND INVESTIGATIONS AS A CONDITION OF EMPLOYMENT FOR INDIVIDUALS WORKING WITH CHILDREN? TYPES NO						
	DOES THE POLICY REQUIRE BACKGROUND INVESTIGATIONS AS A CONDITION OF EMPLOYMENT FOR LAW ENFORCEMENT PERSONNEL?    NO						
	DOES THE POLICY EXPLAIN WHAT WILL BE CHECKED AS PART OF THE EMPLOYEE BACKGROUND INVESTIGATION?  YES NO						
	DOES THE POLICY IDENTIFY THE SUITABILITY CRITERIA IND	IVIDUALS MUST MEET? TYES NO					
	DOES IT EXPLAIN THE ADJUDICATION PROCEDURES? ☐ YES ☐ NO						
PLEASE ATTACH A COPY OF YOUR POLICY REGARDING EMPLOYEE BACKGROUND INVESTIGATIONS. IF IT IS PART OF A LARGER POLICY MANUAL, PLEASE INCLUDE JUST THE SECTION THAT REFERS TO EMPLOYEE BACKGROUND INVESTIGATIONS.							
3	PLACE A CHECK TO INDICATE WHAT INVESTIGATIVE INQUIR	IES YOUR PROGRAM IS CURRENTLY CONDUCTING:					
	<ul> <li>□ FBI FINGERPRINT SEARCH</li> <li>□ EDUCATION VERIFICATION</li> <li>□ INTERVIEW W/PERSONAL REFERENCES</li> <li>□ DRIVER'S LICENSE VERIFICATION</li> <li>□ PUBLIC RECORDS CHECK</li> <li>□ VERIFICATION OF FORMER EMPLOYMENT</li> <li>□ PERSONAL REFERENCE CHECKS</li> <li>□ LOCAL LAW ENFORCEMENT CHECK (OF CURRENT RESIDENC</li> <li>□ LOCAL LAW ENFORCEMENT CHECK (GOING BACK 5 YEARS)</li> </ul>	□ CREDIT HISTORY □ INTERVIEW W/FORMER EMPLOYER/SUPERVISOR □ INTERVIEW W/SUBJECT OF INVESTIGATION □ MOTOR VEHICLE RECORD'S CHECK □ MILITARY PERSONNEL RECORD SEARCH □ SEX OFFENDER REGISTRY CHECK □ STATE REPOSITORY CHECK  E) □ LOCAL LAW ENFORCEMENT CHECK (GOING BACK 1 YEAR) □ LOCAL LAW ENFORCEMENT CHECK (GOING BACK 10 YEARS)					
	□ TRIBAL COURT CHECK □ CITIZEN VERIFICATION □ OTHER CHECKS PLEASE SPECIFY						

4	DO YOU HAVE AN INVESTIGATIVE QUESTIONNAIRE AND/OR APPLICATION?						
	□ YES	□ No					
5	DO YOU HAVE A RELEASE TO OBTAIN INVESTIGATIVE INFORMATION?						
	□ YES	□ No					
6	F YOU ARE OBTAINING CREDIT REPORTS, DO YOU HAVE A FAIR CREDIT REPORTING ACT RELEASE?						
	□ YES	□ No					
PLEASE ATTACH A COPY OF YOUR INVESTIGATIVE QUESTIONNAIRE/APPLICATION/ AUTHORIZATION(S) FOR RELEASE AND ANY OTHER FORMS YOU ARE USING AS PART OF CONDUCTING EMPLOYEE BACKGROUND INVESTIGATIONS.							
7	HAVE YOU APPOINTED AN ADJUDICATION OFFICIAL FOR YOUR	R PROGRAM?					
	□ YES	■ No, Go to Question 8.					
	IF YES, PROVIDE THEIR NAME, TITLE, AND CONTACT INFORMATION.						
	TELEPHONE NO :	EMAIL ADDRESS:					
	TELEPHONE NO.:	EMAIL ADDRESS.					
	PROVIDE THE TRAINING COURSE AND DATE(S) OF ALL INVESTIGATIVE AND/OR ADJUDICATION TRAINING THE ADJUDICATION OFFICIAL HAS RECEIVED IN THE LAST THREE YEARS.						
PLE	ASE ATTACH PROOF OF TRAINING AND/OR TRAINING CERTIFICA	ATE(S).					
8	WHO CERTIFIES THAT EMPLOYEES AND/OR VOLUNTEERS MEE YOUR PROGRAM? PROVIDE THEIR NAME, TITLE, AND CONTACT	T ALL INVESTIGATIVE AND SUITABILITY STANDARDS ON BEHALF OF TINFORMATION.					
	TELEPHONE NO.:	EMAIL ADDRESS:					
Dı =	ASE PROVIDE A COPY OF YOUR CERTIFICATE OF INVESTIGATION	N/AD IDUCATION FORM					
9	EXPLAIN IN DETAIL WHERE YOU MAINTAIN INVESTIGATIVE FILE						
	LAFLAIN IN DETAIL WHERE TOO MAINTAIN INVESTIGATIVE FILES.						
10	EXPLAIN IN DETAIL WHO HAS ACCESS TO INVESTIGATIVE FILES:						
BY SIGNING BELOW YOU WILL BE DESIGNATED AS THE OFFICIAL POINT OF CONTACT. THANK YOU.							
PLEA	SE PRINT NAME AND SIGN THIS FORM HERE:	SIGN HERE DATE					
Your	r Title:	DAYTIME TELEPHONE NUMBER					