



CANONCITO BAND OF NAVAJOS
HEALTH CENTER

PO Box 3338 / 129 Medicine Horse Drive – To'Hajiilee, NM 87026 INC.
Phone (505) 908-2307 / Fax (505) 908-2310

Background Check

Federal law requires criminal background of each individual who is being considered for employment in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children. The Indian Child Welfare and Family Violence Prevention Act and the Crime Control Act of 1990 (*PL 101-630*) requires that all applicants shall successfully complete a background check to include criminal history checks conducted pursuant to fingerprints checks as set forth in the above noted laws and regulations to include applicable national, state and tribal jurisdictions, all as more fully set forth in the laws and regulations. Appointment shall not be offered to applicants who fail to meet the standards set forth in the above-noted laws. This also applies to appointment as a Director with the CBNHC Board of Directors.

Please answer the questions below – response required:

1. Have you ever been arrested for or charged with a crime involving a child? YES NO
If “YES”, provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

2. Have you ever been found guilty of, or entered a plea of no contest (*nolo contendere*) or guilty to, any felonious offense or any of two (2) or more misdemeanors offenses under federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES NO
If “YES”, provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

3. Have you ever been found guilty of, cited, or entered a plea of no contest (*nolo contendere*) to any traffic and/or moving violations within the last five years? YES NO
If “YES”, provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence, and the name and address of the police department or court involved.

4. Have you ever been charged, convicted, been found guilty of, or entered a plea of *nolo contendere* (no contest) to ANY crime(s) - - felonies or misdemeanors? YES NO
If “YES”, list all and provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.



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5. Are you listed or were previously listed; or currently debarred or sanctioned from doing business with the federal government; or have any pending charges or disciplinary actions or pending sanctions against you by any federal or state law enforcement, regulatory on the Cumulative Sanction List of the Office of the Inspector General (OIG), System for Award Management System (SAM), and Office of Personnel Management (OPM) Exclusionary List?
 YES NO

If “YES”, does this include exclusion in any state Medicare, Medicaid, or third-party insurance programs?

YES NO

Explain: _____

6. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Other names used: _____ Date of Birth (mm/dd/yyyy): _____

Place of Birth: _____ Last 4-digits of Social Security #: _____
(City, State, Country)

Sex: Male Female Tribal Census #: _____

Current Driver’s License #:

State ID Card #: _____ Issuing State: _____ Expiration Date: _____

Other Drivers License #: _____ Issuing State: _____ Expiration Date: _____

Attestation/Consent to Conduct Background Check/Release of Personnel Information

I give my consent for any employer or educational institution to release any information required in connection with this background information including, but not limited to, my personnel files or education files, or any information contained therein. I hereby waive my right to receive a copy of any written communication furnished to the CBN Health Center, Inc. (CBNHC) by any employer. A photocopy or facsimile (Fax) copy of this form that shows my signature shall be as valid as an original.

I further certify that all information I have provided within this application as a Board of Director is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or result in removal as a Director when it is discovered. I understand I am required to complete a criminal background check and pre-employment drug screening. Appointment will be contingent upon a negative drug screening result and successful completion of the background check.

Signature of Applicant: _____ **Date:** _____

Print Name: _____