

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
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:

Personnel Security Consultants, Inc.

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

ADDRESS: PO Box 66686, Albuquerque, NM 87193

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.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT
(GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____.

(SEAL) _____
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

For Department of Public Safety Use Only

Pre-Employment/Investigation Disclosure Notice

Please Read Carefully Before Signing

In connection with the possible employment, access, and/or authorization considered between:

Applicant/Employee Name

And Khapo Community School, the Khapo Community School may obtain information about you from outside sources to include Consumer Reporting Agency(s) (CRA). Thus, you may be the subject of "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your supervisors, former supervisors, neighbors, friends, or associates. Reports may also contain public records (including national criminal records), driving history information, consumer credit, employment and education verifications, worker's compensation (if applicable), etc. These reports may be obtained at any time after receipt of your authorization. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. You have the right to dispute information that you believe is inaccurate or incomplete. Attached is a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act.

Additional notice: 25 CFR 12, Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), Public Law 101-630 (codified in 25 United States Code § 3207) requires designated child care positions to have a national criminal history record check and designated law enforcement positions to have a national criminal history record check and a financial record check as a condition of employment. Depending on your position, you may also be subject to a reinvestigation as routinely as every year but at least every five years as a condition of employment.

I have read the preceding instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (identified in the instructions), denial or revocation of access, and/or removal and/or debarment from employment.

YES NO
☐ ☐

APPLICANT / EMPLOYEE / VOLUNTEER:

Signature: _____ Date: _____

Printed Name: _____

Questionnaire for Designated Child Care Positions

Instructions for Completing This Form

1. Follow the instructions provided to you by the office that gave you this form and any other clarifying instructions provided by that office to assist you with completion of this form. You must sign and date, in ink, the original and each copy you submit. You should retain a copy of the completed form(s) for your records.
2. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form with an N/A.
3. You may use abbreviations. Do not use acronyms that are not identified elsewhere on the form.
4. The 5-digit postal Zip Codes are required to process your investigation more rapidly. Refer to an automated system approved by the U.S. Postal Service to assist you with Zip Codes.
5. For telephone numbers in the U.S., ensure that the area code is included.
6. All dates provided in this form must be in Month/Day/Year or Month/Year format. Use number (01 – 12) to indicate months. For example, June 29, 1997, should be written as 06/29/1997. If you are unable to report an exact date, approximate or estimate the date to the best of your ability, and indicate "EST" in the field.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines and/or up to five (5) years imprisonment. In addition, hiring agencies generally fire, do not grant credentials, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you provide on this form and to make your comments part of the record.

Disclosure Information

The information you provide is for the purpose of investigating you for a designated position, and the information will be protected from unauthorized disclosure. The collection, maintenance, and disclosure of the background investigative information will be protected from unauthorized disclosure in accordance with Khapo Community School's privacy procedures. The information you provide on this form, and information collected during an investigation, may be disclosed without your consent by an agency maintaining the information in a system of records as permitted by the Privacy Act [5 U.S.C. 552a(b)] in addition to the Khapo Community School's privacy procedures. You will not receive prior notice of such disclosures under routine use.

Questionnaire for Designated Child Care Positions

1. Full Name				
Last Name	First Name	Middle Name	Jr., II, etc.	
2. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). If you have responded 'Yes' to having used other names, provide your other name(s) used and the reason why the name changed.				
Have you used any other names?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Name		Provide dates and the reason(s) why the name changed		
Name		Provide dates and the reason(s) why the name changed		
3. Date of Birth			4. Social Security Number	
Month 00	Day 00	Year 0000	➔	
5. Driver's License No.		6. Place of Birth		
No.:	State Issued:	City	County	State
7. Your Contact Information - Provide your contact information. Email addresses may be used as a contact method and to identify subjects in records.				
Personal/Home Email Address			Alternative Email Address	
Home Telephone Number ()		Cell/Mobile Telephone Number ()		Alternative Number ()
8. 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. 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 18 th birthday unless to provide a minimum of 2 years residence history. You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.				
#1 - Provide dates of your present residence.				
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____		
Street Address		City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____				
#2 - Provide dates of previous residence.				
From Date (Month/Year)	To Date (Month/Year)	Is this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____		
Street Address		City	State	Zip code
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list: _____				

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number
Where You Have Lived – Continued				
#3 - Provide dates of previous residence.				
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____		
Street Address	City	State	Zip code	
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				
#4 - Provide dates of previous residence.				
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____		
Street Address	City	State	Zip code	
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				
#5 - Provide dates of previous residence.				
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year)	Is this residence: <input type="checkbox"/> Owned by you <input type="checkbox"/> Rented or leased by you <input type="checkbox"/> Military housing <input type="checkbox"/> Other _____		
Street Address	City	State	Zip code	
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				

9. Where You Went to School –		
Have you received a degree or diploma in the last 5 years ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to next question.)		
If yes, provide the following dates of attendance and requested information.		
Provide dates of attendance.		
From Date (Month/Year)	To Date (Month/Year)	Select the most appropriate description of your school. <input type="checkbox"/> High School <input type="checkbox"/> Vocational/Technical/Trade <input type="checkbox"/> College/University <input type="checkbox"/> Online School
Provide the name of the school.		
Provide the street address of the school. For Online school, provide the address where the records are maintained.		
Street Address (Include city, state, and zip code)		Telephone No. ()
Choose one: <input type="checkbox"/> Degree <input type="checkbox"/> Attendance Only <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Explain)	Major and Type of Degree:	Date awarded (Month/Year)
If degree awarded, name degree awarded under:		

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number

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10. 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 – Provide current or most recent employment activity.

Employer Name	Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
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From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Provide your most recent position title.
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Employer's Street Address	City	State	Zip code
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Telephone Number	Alternate Telephone Number
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Provide the name of your supervisor.

Supervisor Last Name	First Name	Position Title
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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? ☐ Yes ☐ No

If Yes, provide the reason(s) for the discipline:	Date: (Month/Year)
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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:	Reason:	Employment Departure Date:
<input type="checkbox"/> Fired	Provide the reason fired.	(Month/Year) .
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason.	(Month/Year)
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct.	Provide the charges or allegations.	(Month/Year)

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

Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? ☐ Yes ☐ No

If yes, list: _____

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number
Employment Activities – Continued.				
#2 – Provide next most recent employment activity.				
Employer Name			Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Provide your most recent position title.		
Employer's Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Supervisor Last Name	First Name		Position Title	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide the reason(s) for the discipline:			Date: (Month/Year)	
If no longer employed, provide the specific reason you left the employment activity:				
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				
#3 – Provide next most recent employment activity.				
Employer Name			Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Provide your most recent position title.		
Employer's Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Supervisor Last Name	First Name		Position Title	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide the reason(s) for the discipline:			Date: (Month/Year)	
If no longer employed, provide the specific reason you left the employment activity:				
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number

Employment Activities – Continued.				
#4 – Provide next most recent employment activity.				
Employer Name			Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Provide your most recent position title.		
Employer's Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Supervisor Last Name		First Name	Position Title	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide the reason(s) for the discipline:			Date: (Month/Year)	
If no longer employed, provide the specific reason you left the employment activity:				
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				
#5 – Provide next most recent employment activity.				
Employer Name			Select the employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	Provide your most recent position title.		
Employer's Street Address		City	State	Zip code
Telephone Number		Alternate Telephone Number		
Provide the name of your supervisor.				
Supervisor Last Name		First Name	Position Title	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide the reason(s) for the discipline:			Date: (Month/Year)	
If no longer employed, provide the specific reason you left the employment activity:				
Is the residence within an Indian Reservation, Village, Community, Rancheria or Pueblo? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list: _____				

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number

11. Personal References – Provide four (4) people who know you well and live in the U.S. They should be good friends, peers, colleagues, roommates, associates, etc., and who are aware of your activities outside of the workplace, school, and whose combined association with you covers at least the **last 5 years**. Do **not** provide anyone listed elsewhere on this form or close relatives.

#1

Last Name	First Name	Middle Name
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Provide dates known.		Provide relationship to you (Check all that apply) Neighbor Work Associate Friend Schoolmate Other
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	

Provide the following contact information for this person.

Home Telephone Number ()	Cell/Mobile Telephone Number ()	Work/Alternative ()
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#2

Last Name	First Name	Middle Name
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Provide dates known.		Provide relationship to you (Check all that apply) Neighbor Work Associate Friend Schoolmate Other
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	

Provide the following contact information for this person.

Home Telephone Number ()	Cell/Mobile Telephone Number ()	Work/Alternative ()
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#3

Last Name	First Name	Middle Name
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Provide dates known.		Provide relationship to you (Check all that apply) Neighbor Work Associate Friend Schoolmate Other
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	

Provide the following contact information for this person.

Home Telephone Number ()	Cell/Mobile Telephone Number ()	Work/Alternative ()
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#4

Last Name	First Name	Middle Name
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Provide dates known.		Provide relationship to you (Check all that apply) Neighbor Work Associate Friend Schoolmate Other
From Date (Month/Year) <input type="checkbox"/> Est.	To Date (Month/Year) <input type="checkbox"/> Est.	

Provide the following contact information for this person.

Home Telephone Number ()	Cell/Mobile Telephone Number ()	Work/Alternative ()
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Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number
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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.

12. 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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. 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).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. In the last 5 years have you been or are you currently on probation or parole?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you currently on trial or awaiting a trial on criminal charges?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement Agency	State

Conviction 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.

16. Have you EVER been arrested for or charged with a crime involving a child or offenses committed against children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. 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; or crimes against persons? QUESTION REQUIRED BY 25 UNITED STATES CODE § 3207.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have responded "Yes" to any of the above questions in this section, explain your answer(s) below providing all requested information.

Question #	Month/Year	Offense	Action Taken	Arresting Law Enforcement Agency	State

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number

Illegal Use of Drugs and Drug Activity – We note, with reference to this section, that neither your truthful responses or information derived from your responses to this section will be used as evidence against you in

a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Khapo Community School. 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.

18. 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 <input type="checkbox"/>	NO <input type="checkbox"/>
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19. 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 <input type="checkbox"/>	NO <input type="checkbox"/>
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If you responded "Yes" to the above questions in this section, 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.

Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used/Involvement
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Month/Year To <input type="checkbox"/> Est	Controlled Substance Used	Number of Times Used
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Illegal Use of Prescription Drugs –

20. In the last 5 years , have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you responded "Yes", provide the prescription drug that you misused:	Month/Year To
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Provide the reason(s) for and circumstances of the misuse of the prescription drug

Continuation Space - Use this space below (or separate blank sheets) to continue answers. If using a separate blank sheet(s) include your name and last four numbers of your social security number at the top of each blank sheet. Before each answer, identify the number of the question/item. To ensure clarity, maintain sequential order of questions and question format.

Questionnaire Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Last 4 - Social Security Number

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).

Certification		
<p>My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. 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 or lead to termination. I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my eligibility for a designated child care 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 Khapo Community School .</p> <p>I understand my right to obtain a copy of any national criminal history report made available to the Khapo Community School and/or Personnel Security Consultants, Inc., and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		

Signature

Printed Name

Signature Date
(mm/dd/yyyy)

Enter your Social Security Number before going to the next page	
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**Questionnaire for Designated Child Care Positions
Authorization for Release of Information**

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

I Authorize any investigator, special agent, or other duly accredited representative of the agency conducting my background investigation, reinvestigation, or as part of ongoing evaluation for eligibility for a designated child care position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the Khapo Community School and/or Personnel Security Consultants, Inc., who is conducting my investigation, reinvestigation for the purpose of making a determination of suitability.

I Understand that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I Authorize the Social Security Administration (SSA) to verify my social security number (to match my name, social security number, and date of birth with information in SSA records and provide the results of the match) to the Khapo Community School and/or Personnel Security Consultants, Inc., who is conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to the Khapo Community School and/or Personnel Security Consultants, Inc., in the event of a discrepancy.

I Understand that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the Khapo Community School and/or Personnel Security Consultants, Inc., who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a designated position and/or 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 the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by record custodians and sources of information is for official use by the Khapo Community School and/or Personnel Security Consultants, Inc., only for the purpose of determining my suitability for employment with the Khapo Community School.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with Khapo Community School.

Signature (sign in black ink)	Full name (Type or print legibly)		Signature Date (mm/dd/yyyy)
Other names used			
Current street address and city	State	Zip Code	Telephone number

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
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:

Personnel Security Consultants, Inc.

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")
ADDRESS: PO Box 66686, Albuquerque, NM 87193

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.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT
(GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____.

(SEAL) _____
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

For Department of Public Safety Use Only