

Northern Cheyenne Tribal Schools Application for Employment

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in the position that best meets your qualifications and may assist us in possible future upgrading. NCTS is an equal opportunity employer we consider applicants for all positions without regard to race, religion, color, gender, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Also, be advised that all job applicants will go through a thorough background check and alcohol and drug test.

Date: _____

Name: _____ Social Security No. _____
Last First Middle

Present Address: _____ Telephone No. _____
Box No. Street City State Zip

What position are you applying for: _____

Have you ever filed an application with us before? Yes _____ No _____

If Yes when did you work here? _____

Indian Status: If you are Native American, indicate your Tribe and Tribal Enrollment Number

Tribe: _____ Enrollment Number: _____

Would you work: Full Time: _____ Part-Time: _____ If so when? _____

Are you a U.S. Citizen? Yes _____ No _____ Marital Status: _____ DOB: _____

Have you ever been bonded? _____ Yes _____ No If "yes" with what employers? _____

Record of Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other Specify				

EMPLOYMENT EXPERIENCE

List below all present and past employment, beginning with your most recent.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for leaving	Supervisor		
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for leaving	Supervisor		
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for leaving	Supervisor		
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
		Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for leaving	Supervisor		

ADDITIONAL INFORMATION

Other Qualifications

Please list job related skills and qualifications acquired through employment or other experience

Specialized Skills – Check all that apply to your situation.

10 Key Proficient

PC

Typewriter

Copier

Fax

Excel

Database Mngmt.

Scanner

List other equipment not listed.

Please List any friends or relatives working for us?

Name:

Name:

References (3)

1. Name

Address

Telephone Number

2. Name

Address

Telephone Number

3. Name

Address

Telephone Number

Applicant's Statement

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment application or Federal child care positions contain a question asking whether the individual has ever been arrested or charged with a crime and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian Children. The Tribal Schools must ensure that persons hired for these position have not been found guilty of or pleaded nolo contendere to violent crimes.

Note: Responding "Yes" or if you do not answer either of the following questions constitutes reason to consider you ineligible for employment with the Northern Cheyenne Tribal Schools.

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 on space provided on page 5.)
2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (This includes military status) State, (this includes municipalities), or Tribal law involving crimes of violence; Sexual assault, molestation, exploitation, contract or prostitution; or crimes Against a person? Yes _____ No _____
3. Have you been convicted of any moving traffic violations within the last 5 years? (if "Yes", please explain on space provided on page 5). Yes _____ No _____

I Certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years imprisonment, or both; and (2) I have received notice that as a criminal background check will be conducted. I understand my rights to obtain a copy of any criminal history report made available to the Northern Cheyenne Tribal Schools and my right to challenge the accuracy and completeness of any information in the report.

Applicant's Signature

Date

NOTICE:

The information provided in the Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of any offer of employment does not create a obligation upon the employer to continue to employ me in the future.

If you decide to engage in an investigative agency to report on my credit, criminal and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's Signature

Date

Explanation for questions on previous page (Page 4)

Crime involving a child.

Moving traffic violation.

Crime Control Act of 1990, as amended, Pub. L. 101-647

Requirement for Background Checks, 42 U.S.C. § 13041

(a) In general

(1) Each agency of the Federal Government, and every facility operated by the Federal Government (or operated under contract with the Federal Government), that hires (or contracts for hire) individuals involved with the provision to children under the age of 18 of child care services shall assure that all existing and newly-hired employees undergo a criminal history background check. All existing staff shall receive such checks not later than May 29, 1991. Except as provided in subsection (b)(3) of this section, no additional staff shall be hired without a check having been completed.

(2) For the purposes of this section, the term "child care services" means child protective services (including the investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detention, correctional, or treatment services.

(b) Criminal history check

(1) A background check required by subsection (a) of this section shall be -

(A) based on a set of the employee's fingerprints obtained by a law enforcement officer and on other identifying information;

(B) conducted through the Identification Division of the Federal Bureau of Investigation and through the State criminal history repositories of all States that an employee or prospective employee lists as current and former residences in an employment application; and

(C) initiated through the personnel programs of the applicable Federal agencies.

(2) The results of the background check shall be communicated to the employing agency.

(3) An agency or facility described in subsection (a)(1) of this section may hire a staff person provisionally prior to the completion of a background check if, at all times prior to receipt of the background check during which children are in the care of the person, the person is within the sight and under the supervision of a staff person with respect to whom a background check has been completed.

(c) Applicable criminal histories

Any conviction for a sex crime, an offense involving a child victim, or a drug felony, may be ground for denying employment or for dismissal of an employee in any of the positions listed in subsection (a)(2) of this section. In the case of an incident in which an individual has been charged with one of those offenses, when the charge has not yet been disposed of, an employer may suspend an employee from having any contact with children while on the job until the case is resolved. Conviction of a crime other than a sex crime may be considered if it bears on an individual's fitness to have responsibility for the safety and well-being of children.

(d) Employment applications

(1) Employment applications for individuals who are seeking work for an agency of the Federal Government, or for a facility or program operated by (or through contract with) the Federal Government, in any of the positions listed in subsection (a)(1) of this section, shall contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child, and if so requiring a description of the disposition of the arrest or charge. An application shall state that it is being signed under penalty of perjury, with the applicable Federal punishment for perjury stated on the application.

(2) A Federal agency seeking a criminal history record check shall first obtain the signature of the employee or prospective employee indicating that the employee or prospective employee has been notified of the employer's obligation to require a record check as a condition of employment and the employee's right to obtain a copy of the criminal history report made available to the employing Federal agency and the right to challenge the accuracy and completeness of any information contained in the report.

(e) Encouragement of voluntary criminal history checks for others who may have contact with children
Federal agencies and facilities are encouraged to submit identifying information for criminal history checks on volunteers working in any of the positions listed in subsection (a) of this section and on adult household members in places where child care or foster care services are being provided in a home.

Indian Child Protection and Family Violence Act of 1990, Pub. L. 101-630

Section 408, Character Investigations, 25 U.S.C. § 3207

(1) By Secretary of the Interior and Secretary of Health and Human Services

The Secretary and the Secretary of Health and Human Services shall -

(1) compile a list of all authorized positions within their respective departments the duties and responsibilities of which involve regular contact with, or control over, Indian children,

(2) conduct an investigation of the character of each individual who is employed, or is being considered for employment, by the respective Secretary in a position listed pursuant to paragraph (1), and

(3) prescribe by regulations minimum standards of character that each of such individuals must meet to be appointed to such positions.

(2) Criminal records

The minimum standards of character that are to be prescribed under this section shall ensure that none of the individuals appointed to positions described in subsection (a) of this section have been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons.

(3) Investigations by Indian tribes and tribal organizations

Each Indian tribe or tribal organization that receives funds under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) or the Tribally Controlled Schools Act of 1988 (25 U.S.C. 2501 et seq.) shall -

(1) conduct an investigation of the character of each individual who is employed, or is being considered for employment, by such tribe or tribal organization in a position that involves regular contact with, or control over, Indian children, and

(2) employ individuals in those positions only if the individuals meet standards of character, no less stringent than those prescribed under subsection (a) of this section, as the Indian tribe or tribal organization shall establish.

**SECTION II – INVESTIGATING THE CHARACTER OF PERSONS
WORKING WITH INDIAN CHILDREN**

Supplemental Application
(please type or print clearly)

Part 1

Question 1: Name

_____ Last _____ First _____ Middle _____

Question 2: Personal Data

Social Security Number: _____

Driver's License Number: _____ Type: _____ State: _____

Question 3: Other Names (List other names you have used and the time period in which you used them, e.g., maiden name, names from a former marriage, former names, alias(es), or nicknames)

_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Maiden Name		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Name		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Name		

Question 4: Where You Have Lived (List addresses for the past seven (7) years. Use additional pages if needed)

_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Street Address or P.O. Box City State Zip Code		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Street Address or P.O. Box City State Zip Code		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Street Address or P.O. Box City State Zip Code		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Street Address or P.O. Box City State Zip Code		
_____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
Street Address or P.O. Box City State Zip Code		

Question 5: Education

Name of High School: _____ Years Attended: _____

Address: _____ Diploma Yes No Year: _____
Street Address or P.O. Box City State Zip

Name as it appears on Diploma: _____

Name of College or University: _____ Years Attended: _____

Address: _____ Diploma Yes No Year: _____
Street Address or P.O. Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

Name of College or University: _____ Years Attended: _____

Address: _____ Diploma Yes No Year: _____
Street Address or P.O. Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

Name of Other Vocational/Technical/Trade School: _____ Years Attended: _____

Address: _____ Diploma Yes No Year: _____
Street Address or P.O. Box City State Zip

Degree: _____ Name as it appears on Diploma: _____

Question 6: Professional License or Certification

Type of License/Certificate: _____

License Number: _____ Date Issued: _____

Issued by: _____ Address: _____

Type of License/Certificate: _____

License Number: _____ Date Issued: _____

Issued by: _____ Address: _____

Question 7: Employment History (List employment history for the last seven (7) years. List most recent employment first. Include military service and periods of unemployment during the seven (7) year timeframe)

Name of Employer: _____ Supervisor's Name: _____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
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Street or P.O. Box _____ City _____ State _____ Zip Code _____ Position(s) Held: _____ May we contact your present employer? Yes No	Telephone No. () _____
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Name of Employer: _____ Supervisor's Name: _____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
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Street or P.O. Box _____ City _____ State _____ Zip Code _____ Position(s) Held: _____	Telephone No. () _____
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Name of Employer: _____ Supervisor's Name: _____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
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Street or P.O. Box _____ City _____ State _____ Zip Code _____ Position(s) Held: _____	Telephone No. () _____
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Name of Employer: _____ Supervisor's Name: _____	From: ____/____ Mo. Yr.	To: ____/____ Mo. Yr.
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Street or P.O. Box _____ City _____ State _____ Zip Code _____ Position(s) Held: _____	Telephone No. () _____
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Question 8: Personal References (Do not list your spouse, former spouse, relatives or persons appearing elsewhere on this form.)

Name _____ Home or Work Address _____	From: _____/_____ Mo. Yr.	To: _____/_____ Mo. Yr.
Name _____ Home or Work Address _____	From: _____/_____ Mo. Yr.	To: _____/_____ Mo. Yr.
Name _____ Home or Work Address _____	From: _____/_____ Mo. Yr.	To: _____/_____ Mo. Yr.

Part 2

Background Information

(Please read the following carefully and thoroughly)

Your answers to the following questions should include ALL convictions (by being found guilty, entering a plea of nolo contendere or a plea of guilty). OMIT (1) traffic fines of \$300.00 or less; (2) any violation of law for which you were tried as a juvenile or under a Youth Offender law; (3) any conviction set aside under the Federal Youth Corrections Act or similar State or Tribal law, or (4) any convictions whose record was expunged under Federal, State or Tribal law.

	Yes	No
Have you ever been arrested for or charged with an offense involving a child?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for or charged with a sex offense, including but not limited to sexual assault, molestation, exploitation, contact or prostitution?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for or charged with a crime of violence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for or charged with a crime of against persons, including but not limited to murder, manslaughter, vehicular homicide, robbery, assault, battery, rape, false imprisonment, mayhem?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for or charged with a drug felony?	<input type="checkbox"/>	<input type="checkbox"/>
During the last 7 years, have you been arrested, charged, convicted, imprisoned, on probation or parole? (Include felonies, firearms and explosives violations, misdemeanors, and all other offenses.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "no".)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently charged with any violation of Federal, State or Tribal law?	<input type="checkbox"/>	<input type="checkbox"/>
During the last 7 years have you been fired from any job, quit a job after being told you would be fired, leave a job by mutual agreement following allegations of misconduct, leave a job by mutual agreement following allegations of unsatisfactory performance?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Additional Space

If you answered "yes" to any of the questions in Part 2, Background Information, use this space to provide the date, an explanation of the violation, the disposition of the arrest or charge, the place the arrest or charge took place, and the name and address of the police department or court where you appeared.

Signatures and Authorization for Release of Information

(Please read the following carefully and thoroughly)

I understand that in applying for a position involving regular contact with or control over Indian children or any child care services position, I must undergo a background check as mandated by the Indian Child Protection and Family Violence Prevention Act, Pub. L. 101-630, 25 U.S.C. '3207, and the Crime Control Act of 1990, Pub. Law 101-647, 42 U.S.C. ' 13041. Child care services positions include, but are not limited to child protective services, social services, health and mental health care, child/day care, education whether or not directly involved in teaching, foster care, residential care, recreational or rehabilitative programs, and detention, correctional or treatment services.

I certify that all the information on the this form and any attached sheets is true, correct, complete and made in good faith. I understand that false or fraudulent answer to any question may be grounds for not hiring me, or for firing me after I begin work. I understand that any information I give may be investigated for purposes of determining my fitness to have responsibility for the safety and well-being of children and suitability to occupy a position involving regular contact with or control over Indian children. I consent to the release of information about my ability, fitness and suitability for employment with [insert name of Tribe or tribal organization] by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the [insert name of Tribe or tribal organization]. I understand that financial or lending institutions, medical institutions, hospitals, health care professionals, or some other sources of information, may require the separate Authorization for Release of Information I have signed. I also understand that I may challenge the accuracy and completeness of any information obtained during the investigation of my background.

[NOTE to Tribe or Tribal Organization: If the sample application is used for child care services positions, Public Law 101-647 requires that the application state that it is signed under penalty of perjury, with the applicable Federal punishment for perjury stated on the application.]

Signature of Applicant or Employee

Date

Northern Cheyenne Tribal School
P.O. Box 150
Busby, Mt. 59016
(406) 592-3646 FAX (406) 592-3645

Release of Information

I hereby authorized any enforcement agency any/or Bureau of Indian Affairs Agency to release any records they have to Northern Cheyenne Tribal School. I hereby consent to and authorize a criminal record check and to confirm with any law investigations which may have been against me for any offense under Federal, State or Tribal Laws. I understand that the Northern Cheyenne Tribal School will use any information obtained from this background check for gaining employment and/or official use requiring this background check.

I understand that the information may be release is disclosed to such third parties as necessary for official use and/or gaining employment purposes.

Name: _____

Maiden Name: _____ AKA: _____

Date of Birth: _____ SSN: _____

Current Address: _____

Addresses of places lived in the last five years: _____

A photocopy of this information is valid as the original. If an adverse report is received, I will be given an opportunity to respond in twenty (20) days after the report is received.

Signature: _____

Signed before me this _____ day of _____ 20 _____

Notary Public for the State of Montana

Residence/County

My Commission Expires

MOTOR VEHICLE OPERATOR'S LICENSE AND DRIVING RECORD

(See Privacy Act Information on reverse)

TO BE COMPLETED BY CERTIFYING OFFICIAL ONLY
CARD NUMBER - FROM OF-348

APPLICANT'S NAME (Last, First, Middle Initial)

DATE ISSUED

DATE EXPIRES

NAME OF ORGANIZATION

OFFICE TELEPHONE NUMBER

VEHICLE (S) APPLICANT IS REQUESTED TO OPERATE

 TYPE A - PASSENGER VEHICLES TYPE B - TRUCKS > 1 TON AND ALL-WHEEL-DRIVE TYPE C - TRACTOR-TRAILER & TRAILER PULLING TYPE D - PASSENGER CARRYING BUSES

OFFICE MAILING ADDRESS (Include ZIP CODE)

CRANES, EARTH MOVING EQUIPMENT, ETC.
SPECIFY TYPE:**SECTION I - PERSONAL DATA FROM CURRENT DRIVERS LICENSE**

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	RESTRICTIONS ON STATE LICENSE			
STATE LICENSE TO OPERATE (Vehicle)	SEX	BIRTH DATE		COLOR of HAIR	COLOR of EYES	HGT.	WGT.
RESIDENTIAL ADDRESS		CITY		STATE		ZIP CODE	

SECTION II - DRIVING RECORD**A - RECORD OF TYPES OF VEHICLES DRIVEN DURING THE PAST FOUR YEARS**

TYPE OF VEHICLES DRIVEN	ESTIMATED MILES DRIVEN	ESTIMATED DAYS DRIVEN
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B - RECORD OF DRIVING CONVICTIONS (Except Parking) DURING THE PAST FOUR YEARS

DATE	NATURE OR TYPE OF VIOLATION	CITY AND STATE	ACTION TAKEN
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C - RECORD OF ACCIDENTS DURING THE PAST FOUR YEARS

DATE	NATURE OF ACCIDENT	CITY AND STATE	ACTION TAKEN
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D - RECORD OF SUSPENSION OR REVOCATION OF LICENSE DURING THE PAST FOUR YEARS

DATE	REASON FOR SUSPENSION OR REVOCATION	CITY AND STATE	ACTION TAKEN
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SECTION II - DRIVING RECORD (Continued)

E. RECORD OF CONVICTIONS OPERATING UNDER THE INFLUENCE OF ALCOHOL, NARCOTICS OR PATHOGENIC DRUGS

DATE	REASON FOR CONVICTION (INCLUDING TRIBAL COURT)	CITY AND STATE	ACTION TAKEN

F. RECORD OF ABUSE OR NEGLECT TO OR UNAUTHORIZED USE OF GOVERNMENT VEHICLES

DATE	INFRACTION	CITY AND STATE	ACTION TAKEN

SECTION III - APPLICANT'S CERTIFICATION

ANY FALSE STATEMENT IN THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF IDENTIFICATION CARD. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE SIGNED

SECTION IV - SUPERVISORY REVIEW

APPLICANT IN MY OPINION IS IS NOT] CONSIDERED QUALIFIED TO SAFELY OPERATE THE VEHICLE (S) FOR WHICH AUTHORIZATION IS REQUESTED. (Explain, if needed).

SUPERVISOR'S SIGNATURE

TITLE

DATE SIGNED

SECTION V - CERTIFICATION OF ELIGIBILITY AND AUTHORIZATION

TYPES OF VEHICLES AUTHORIZED TO OPERATE

- TYPE A - PASSENGER CARS, STATION WAGONS, CARRYALLS, AND TWO WHEEL DRIVE TRUCKS, ONE TON AND UNDER.
- TYPE B - ALL TRUCKS OVER ONE TON AND VEHICLES WITH MORE THAN TWO-WHEELED DRIVE - EXCEPT THOSE LISTED UNDER TYPES C, D, AND E.
- TYPE C - TRACTOR-TRAILER VEHICLES, AND OTHER TRAILER PULLING VEHICLES - INCLUDING SEDANS ETC. WHEN SUCH VEHICLES ARE USED TO PULL TRAILERS.
- TYPE D - PASSENGER CARRYING BUSES.
- TYPE E - SPECIAL PURPOSE VEHICLES SUCH AS AMBULANCES, FIRE APPARATUS, WRECKERS, CRANES, GRADERS, EARTH MOVING EQUIPMENT, AND OVERSIZED VEHICLES. (Specify particular type.)

SIGNATURE OF CERTIFYING OFFICIAL

ORGANIZATION

DATE

REMARKS

IN COMPLIANCE WITH THE PRIVACY ACT OF 1974, the following information is provided: Solicitation of the information is authorized by the Federal Property Administrative Services Act of 1949, as amended. Authority for solicitation is Executive Order 9397, dated November 22, 1943. Disclosure of the information is voluntary. The principal purposes are (1) to provide necessary data to determine whether the applicant is competent to operate a Federal motor vehicle; and (2) to provide a written record of the applicant's previous driving record, physical fitness, and ability. The information contained on this form may be transferred outside GSA as a routine use to appropriate Federal, State, or local organizations when relevant to civil, criminal, and regulation investigation or prosecution or pursuant to a request by GSA, or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. Failure to provide requested information may result in denial of the applicant's request for a motor vehicle operator's identification card.



Release of Driving Records

(Montana Driver Privacy Protection Act)

Print Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

- 1. Requested Information:** Are you requesting:
- A. Your Driving Record - Complete Sections 3, 4, 5, and 6.
 - B. Another Person's Driving Record - Complete all sections.

Intended Use: To be completed if you checked "B" above.

- With written consent of the individual(s) who are the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached.
- For use by a federal, state or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions.
- For use in matters concerning driver safety or vehicle theft.
- For use in matters concerning motor vehicle emissions.
- For use by motor vehicle manufacturers for vehicle alterations, recalls or advisories.
- For use by motor vehicle manufacturers for performance monitoring of motor vehicles or dealers.
- For use in matters concerning removal of non-owners from motor vehicles manufacturers original owners records for a vehicle.
- For use by a business or its agents, employees or contractors in their normal course of business to verify that volunteered personal information is accurate.
- For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.
- For use as part of a civil, criminal, administrative or arbitrate proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.
- For use to conduct research activities and produce statistical reports and journalistic articles as long as the personal information is not published, disclosed to a third party, or used to contact individuals.
- For use by an insurer, insurance support agency or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking or underwriting.
- For use in providing notice to the owners of towed, abandoned, or impounded vehicles.
- For use by a licensed private investigator or security service for any purpose authorized under Montana law.
- For use by an employer or its agent to verify information related to a holder of a commercial driver's license required under federal or Montana law.
- For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.
- For use by a parent of a child under 18 year of age.

2. Requestor Information:

Name of Requestor: _____
Employer/Company: _____
 (If applicable)
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Residential Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Daytime Phone #: _____ **Driver's License #:** _____

3. Search Information: This section must be complete.

Full Name: _____
Date of Birth: _____
Driver's License #: _____

4. Driving Records Fees:

Make checks payable to Motor Vehicle Division

- Driving Record = \$4.00 per record
- Certified Driving Record = \$10.00 per record * Cannot Be Faxed *
- Faxing of Record = Additional \$3.00 per record
Fax #: _____
- Mailing of Record = Additional \$ 3.00 per mailing
(unless self-addressed, stamped envelope is included.)

Total = \$ _____

Section 6 notarization must be completed - OR - you must attach a legible copy of your state or government-issued photo ID, including driver's license, identification card or passport, none of which can be expired for more than four years.

5. Certification: (Signature must be notarized unless a copy of requestor's Driver's License or State Issued Identification Card is enclosed.)

I have read the "Montana Driver Privacy Protection Act" MCA 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that the statements made and information contained on this request are true and correct to the best of my knowledge, information and belief, and if I am signing for a commercial entity, I further certify that I have full authority to do so.

Signature of requestor: _____

Printed Name: _____ Date: _____

6. Notarization: (unless ID is provided)

Subscribed and sworn before me this _____ day of _____, 20 ____.
 Signature: _____
 Print or Type Name: _____
 Notary Public for the State of: _____
 Residing at: _____
 My commission expires: _____

(seal)



Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: _____
Print Full Name

Driver's License #: _____ Date of Birth: _____

Residing at: _____
Street City State Zip Code

I hereby authorize the Department of Justice to release my:
 Driving Record Vehicle Record

To the following individual and/or company:

Name: _____
Print Full Name

Address: _____
Street City State Zip Code

I certify under the penalty of law (**MCA 45-7-203 Unsworn Falsification to Authorities**) that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature: _____
This is my legal signature Date

Printed name: _____