

**Oglala Sioux Tribe**  
**Department of Public Safety**

PO Box 300 Pine Ridge, South Dakota 57770

Phone (605) 867-5141 Fax (605) 867-5953

**Required Documents for this Application**







**04. Job Title:** \_\_\_\_\_ **from (mm//dd//yy):** \_\_\_\_\_



**14. Have you ever used alcohol beverages that resulted in any alcohol related treatment or counseling?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Qualification Inquiry**  
**Indian Child Protection and Family Violence Prevention**  
**Indian Country Law Enforcement**

The information obtained from this inquiry will be used to determine whether under the new legislation 25 U.S. C. Part 63, (63.10), (63.11.), (63.12), (63.14), (63.15); 25 U.S.C. Part 12, (12.32), you are barred from regular contact or control over





**Disclosure on Intention to obtain a Consumer Report**  
**For Employment Purposes**

In accordance with the Fair Credit Reporting Act, Section 604(b)(2)(A), the OST Department of Public Safety, may obtain a consumer report on all individuals who apply P9 Tc0.0579 Tw{T Departm)8.2(e)-0.8(nt o



**OGLALA SIOUX TRIBE DEPART**

**Certification:** To resolve any questions whether you are affected by the statute—that is, whether you ever have been convicted or a misdemeanor crime of domestic violence

Name: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_