

Federal Tax Information (FTI) Safeguards Background Investigation Questionnaire

Internal Revenue Code, Section 6103 – Publication 1075

Please follow all instructions carefully or your form cannot be processed timely. Be sure to sign and date the Certification Statement on Page 7 and the Release Form on Page 8. If you have any questions, please contact your immediate supervisor or the assigned background investigator.

Purpose of this Form

In accordance with Internal Revenue Code, Section 6103, Internal Revenue Service (IRS) Publication 1075 Tax Information Security Guidelines for Federal, State and Local Agencies (Publication 1075), and California Department of Social Services (CDSS) Lassen County Department of Social Services (TCDSS) individuals having access to Federal Tax Information (FTI) including Asset and Beneficiary Earnings Exchange Record(s) (BEERs) and Income and Eligibility Verification System (IEVS) are subject to a criminal conviction history screening prior to access to FTI data, and periodically thereafter. This is applicable to all current and prospective employees of TCDSS, volunteers, agents, contractors and subcontractors having access to FTI. Information from this form is used as the basis for this investigation.

Providing the information is not voluntary for positions with access to FTI. The required investigation cannot be completed, or completed in a timely manner, if each item of information requested is not provided in full.

Authority to Request this Information

The County is authorized to ask for this information under IRS Publication 1075; 26 United States Code (U.S.C.) § 6103; Family Code § 17202, Government Code § 1044, 12952 (if applicable upon passage of AB 1008) 19572, and 18935; Labor Code § 432.7 and 432.9; Title 2, California Code of Regulations (CCR) § 11017 and 11017.1; State Personnel Board Rule 172; Penal Code § 11105(b) and 13300; Equal Employment Opportunity Commission (EEOC) Enforcement Guidance 915.002.

Additionally, your Social Security number is required to insure the accuracy of records as well as Federal agencies are required to use a Social Security Number to identify individuals in Federal agency records. The background investigation also requires a review of Federal arrest information and work status.

The Investigative Process

Background investigations are conducted using your responses on this form to develop information to determine eligibility for initial and/or continued access to FTI. The information that you provide on this form will be verified during the investigation.

In addition to the questions on this form, inquiry is also made into any felony and/or misdemeanor convictions pertaining to fraud: welfare, insurance, financial, theft or bribery; physical: assault, murder, homicide, manslaughter, kidnapping, false imprisonment or domestic violence; offenses related to misuse or inappropriate use of confidential data, theft or burglary.

Your Personal Interview

Some investigations may include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and/or explain information obtained during the investigation. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation and declining to be interviewed may result in a disqualification ruling of your background investigation.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, arrests, convictions, probation, and/or parole documentation.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. You must sign and date, in BLUE ink, the original and each copy you submit.

2. Type or print your answers in ink (if your form is not legible, it will not be accepted).

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, you may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments, self-employments, unemployment(s), or education, use a blank piece of paper with the question reference number next to the information. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

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Final Determination on Your Eligibility

Criminal background investigation results will be considered utilizing an individual assessment with any basis for denial being job related and consistent with business necessity. Individuals subject to criminal conviction screening will have the opportunity to provide additional information within a specified timeframe in the event the background investigation results in an unfavorable outcome or requires clarification. Final decisions resulting in a denial will be provided in a written statement of the reason for denial.

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 of up to \$10,000, and/or 5 years imprisonment, or both. Because the position for which you retain or you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Disclosure of Information

The information you provide is for the purpose of completing a background investigation pursuant to State and Federal laws and protected from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the both State and Federal Privacy Acts. The information on this form, and information collected during the background investigation shall not be disclosed without your consent, except as permitted by law.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	Dist. of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

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Persons completing this form should begin with the questions below.

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A FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.								B DATE OF BIRTH			
Last Name		First Name			Middle Name		Jr., II, etc.		Month	Day	Year
C PLACE OF BIRTH - Use the two-letter code for the State.								SOCIAL SECURITY NUMBER			
City		County		State	Country (If not in the United States)						
D OTHER NAMES USED											
Name				Month/Year	Month/Year	Name				Month/Year	Month/Year
#1				To		#3				To	
Name				Month/Year	Month/Year	Name				Month/Year	Month/Year
#2				To		#4				To	
E OTHER IDENTIFYING INFORMATION		Height (feet and inches)	Weight (pounds)	Hair Color		Eye Color		Sex (mark one box)		Driver License Number	State
								<input type="checkbox"/> Female <input type="checkbox"/> Male			
F TELEPHONE NUMBERS		Work (include Area Code and extension) <input type="checkbox"/> Day <input type="checkbox"/> Night () -				Home (include area code) <input type="checkbox"/> Day <input type="checkbox"/> Night () -					
G CITIZENSHIP Mark the box at the right that reflects your current citizenship status and follow its instructions.		<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. <input type="checkbox"/> I am not a U.S. citizen.								Your Mother's Maiden Name	
UNITED STATES CITIZENSHIP - If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.											
Naturalization Certificate (Where were you naturalized?)											
Court		City			State	Certificate Number		Month/Day/Year Issued			
Citizenship Certificate (Where was the certificate issued?)											
City					State	Certificate Number		Month/Day/Year Issued			
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States											
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year		Explanation							
U.S. Passport											
This may be either a current or previous U.S. Passport.					Passport Number			Month/Day/Year Issued			
DUAL CITIZENSHIP		If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.					Country				
ALIEN If you are an alien, provide the following information:											
Place you Entered the United States	City	State	Date you entered U.S. Month Day Year			Alien Registration Number		Country(ies) of Citizenship			

Enter your Social Security Number before going to the next page →

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H WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back five (5) years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence, do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. For military assignments be sure to specify your location as closely as possible. For example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas. If additional space is needed, please list on additional paper.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code

I WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back five (5) years.** List College or University degrees and the dates they were received.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code

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YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back five (5) years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 18th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment

- 5 - State Government (Non-Federal employment)
- 6 - Self-employment (Include business name and/or name of person who can verify)

- 7 - Unemployment (Include name of person who can verify)
- 8 - Federal Contractor (List Contractor, not Federal Agency)

9 - Other

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during three separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
#2	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
#3	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		
	Month/Year To	Month/Year		Position Title	Street Address of Job Location		

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#4		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year		Month/Year		Position Title		Street Address of Job Location		
	To								
	Month/Year		Month/Year		Position Title		Street Address of Job Location		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#5		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#6		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								

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*Internal Revenue Code, Section 6103(p)(4) –
Publication 1075*

K YOUR POLICE RECORD <i>(Do not include anything that happened before your 18th birthday.)</i> Have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.) If you answered "Yes," explain your answer(s) in the space provided.					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
Month/Year	Offense	Action Taken	Law Enforcement Authority/Court <i>(Include City and county/country if outside U.S.)</i>	State	ZIP Code	


After completing this form and any attachments, 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 sign and date the release on page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Signature *(Sign in **Blue Ink**)*

Date

Enter your Social Security Number before going to the next page 

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AUTHORIZATION FOR RELEASE OF INFORMATION

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

I Authorize an investigator, or other duly accredited representative, of the County of Lassen, pursuant to Federal and State laws, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my residential, employment history, public safety agency contacts or investigations, and/or criminal history record information. I authorize the investigator or duly accredited representative conducting my background investigation to disclose the record of my background investigation to the County of Lassen for the purpose of making a determination of suitability or eligibility for the Safeguards Program for access to Federal Tax Information pursuant to Internal Revenue Code, Section 6103(p)(4), and compliance with the requirements of Internal Revenue Service, Publication 1075.

I Further Authorize an investigator or other duly accredited representative of the County of Lassen to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to Federal Tax Information, in accordance with Internal Revenue Code, Section 6103(p)(4) and Internal Revenue Service, Publication 1075. I understand that I may request a copy of such records, as may be available to me under the law.

I Understand that the information released by records custodians and sources of information is for official use by the County of Lassen for the purposes provided in Internal Revenue Code, Section 6103(p)(4); and Internal Revenue Services, Publication 1075, and that it may be redisclosed by the County of Lassen only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed or upon the termination of my employment with the County of Lassen, whichever is sooner.

Signature (<i>Sign in Ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	Zip Code	Home Telephone Number (<i>Include Area Code</i>) ()