

TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS

PERMISSION FOR BACKGROUD CHECK

NAME: _____
 LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
 PO BOX CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TELEPHONE NUMBER: _____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact of prostitution or crimes against persons and the disposition of the arrest or charge?

YES _____ NO _____

If so, what kind? _____

What resulted from the complaint? _____

I hereby state that the information stated in this application is correct. I understand that if any of the information given is false, it will be sufficient reason not to be selected for position.

In accordance with Privacy Act, I hereby give my permission for a background check to be released to:

**Human Resource Department - Turtle Mountain Band of Chippewa Indians
P.O. Box 900 Belcourt ND 58316**

SIGNATURE

DATE

* There is a \$10 Court Processing Fee to be submitted with form