



# THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • (435) 867-2659 (Fax)

**READ ALL INFORMATION CAREFULLY**

<b>PERSONAL INFORMATION</b>					
NAME:					
	LAST	FIRST		MI	
PRESENT ADDRESS:					
	STREET/BOX NO.	CITY		STATE	ZIP
PERMANENT ADDRESS:					
	STREET/BOX NO.	CITY		STATE	ZIP
PRIMARY PHONE:					
	CELL or LANDLINE	ALT PHONE:		CELL or LANDLINE	
REFERRED BY:					
EMAIL:					
<b>EMPLOYMENT DESIRED</b>					
POSITION:					
		SALARY DESIRED:		DATE YOU CAN START:	
ARE YOU EMPLOYED NOW? <span style="float: right;">IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER?</span>					
HAVE YOU EVER APPLIED WITH THE TRIBE BEFORE? <span style="float: right;">WHEN?</span>					
<b>DO YOU QUALIFY FOR INDIAN PREFERENCE? YES _____ NO _____</b>					
<b>IF YES, A CERTIFICATE OF INDIAN BLOOD <u>MUST</u> BE SUBMITTED WITH YOUR APPLICATION</b>					
EDUCATION	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE RECEIVED
HIGH SCHOOL/G.E.D.	_____		9 10 11 12	[ ] YES [ ] NO	
	_____				
COLLEGE	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				
GRADUATE SCHOOL	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				
TRADE, BUSINESS OR VOCATIONAL SCHOOL	_____		1 2 3 4	[ ] YES [ ] NO	
	_____				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:					
LIST OTHER EXPERIENCES, SKILLS, MILITARY SERVICE, HOBBIES OR OTHER QUALIFICATIONS YOU WOULD LIKE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT.					

**FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST**

DATE: MONTH/YEAR	EMPLOYER: NAME, ADDRESS AND PHONE	ENDING SALARY	POSITION/ SUPERVISOR	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES: LIST TWO PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

NAME	ADDRESS AND PHONE	RELATIONSHIP	YEARS ACQUAINTED

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**A RESUME MUST BE SUBMITTED WITH YOUR APPLICATION**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND HEREBY GRANT PERMISSION TO CONFIRM THE INFORMATION SUPPLIED ON THIS APPLICATION BY ME.

**UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY – TO BE COMPLETED BY HUMAN RESOURCES**

HIRE DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_

SALARY: \_\_\_\_\_ REMARKS: \_\_\_\_\_



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## Background Check Authorization and Release of Information

### DISCLOSURE REGARDING USE OF CONSUMER REPORT AS PART OF BACKGROUND INVESTIGATION

The Paiute Indian Tribe of Utah (“PITU” or “Tribe”) may obtain information about you from **NationSearch, LLC**, a consumer reporting agency, for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” (“ICR”) which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all encompassing, however, allowing the Tribe to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, volunteer work or other service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The Tribe cannot provide you with a copy of the consumer report received from NationSearch. **You should contact NationSearch, LLC, 11184 Huron St. #13, Northglenn, CO 80234, (800) 827-9550, directly for more information and/or to request a copy of the consumer report obtained by the Tribe.**

I **understand** that a background check is a condition of employment, volunteer work or other service with the Paiute Indian Tribe of Utah (PITU or Tribe), and that I may be subject to recurring background checks in accordance with tribal and/or federal law. By signing below, I authorize PITU to conduct any necessary background check(s) for the purpose of evaluating my qualifications for employment or to serve the Tribe in another capacity, and consent to the release of background information to the Tribe as described in this Authorization.

I **agree** that the background check(s) may include an inquiry into my records, including but not limited to my educational background, license(s)/certification(s), prior place(s) of employment, job performance, social security, criminal, civil, credit, and Department of Motor Vehicle records.

I **acknowledge** that the background check(s) may be based on a fingerprint check obtained by a law enforcement officer and on other identifying information I have provided, and may be conducted through the Federal Bureau of Investigation and/or the state criminal history repository of each state that I lived, and may also include a check of county, tribal, and local records.

I **understand** that the Tribe currently uses a consumer reporting agency, **NationSearch LLC**, to obtain background check information. I have read and understand the DISCLOSURE REGARDING USE OF CONSUMER REPORT AS PART OF BACKGROUND INVESTIGATION that appears at the top of this Authorization and Release. In

addition, I understand that I may request a copy of the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT from the Tribe. I authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Tribe at any time after receipt of this authorization and throughout my employment, volunteer work or other service, if applicable.

I **authorize**, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, former or current employer, and/or other individuals and organization to provide any and all background information requested by the Tribe, NationSearch, LLC, and/or another outside organization acting on behalf of the Tribe.

I **acknowledge** that I am providing this information under penalty of perjury. I **understand** that if I provide false information to the Tribe, I am subject to discipline, including termination of employment or my relationship with the Tribe, and may be subject to criminal prosecution.

I **acknowledge** that the results of any background check shall become part of my personnel or other file, and that all information shall be confidential and maintained in accordance with the rules and regulations of the federal Privacy Act, 5 U.S.C. § 552a.

I **agree** that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First, Full Middle Name, Last Name (Please print)      Signature      Date

\_\_\_\_\_  
Current Address      City      State      Zip Code

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Phone Number      Social Security #      Date of Birth      Driver’s License #      State

Other Names Used (including Maiden) \_\_\_\_\_

\_\_\_\_\_  
Previous Cities/States of Residence \_\_\_\_\_

\_\_\_\_\_  
**Reason for Background Check (e.g. employment, independent contractor (list specific program, clinic or function), band representative (list Band/committee type), etc.**

**FOR COMPLIANCE WITH THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT OF 1990:**

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, outcome of the arrest or charge, and place of occurrence. If multiple arrests or charges, please provide responses regarding each charge separately. (Attach separate sheets if necessary.)

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Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felony or misdemeanor offense under federal, state or tribal law involving: a crime of violence; a sexual offense, including assault, molestation, exploitation, sexual contact or prostitution; or a crime against a person? This includes, but is not limited to, assault and domestic violence offenses. If you are not sure whether an offense qualifies, please mark “**YES**” and provide an explanation. **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If “**YES**,” provide the date the offense occurred, the date of the disposition, an explanation of the violation, and place of occurrence. If multiple offenses, please provide responses regarding each offense separately. (Attach separate sheets if necessary.)

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**Previous employment, charges/convictions information:**

During the last ten (10) years, were you fired from any job, did you quit after being told you would be fired, and/or did you leave by mutual agreement? **ONLY REQUIRED FOR EMPLOYMENT.** **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If “**YES**,” please provide details and specify the employer. (Attach separate sheets if necessary).

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Have you ever been charged with, and/or convicted of any felony violation under federal, state or tribal law? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_ If “**YES**,” please provide details. (Attach separate sheets if necessary.)

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Are there any charges for any violation of federal, state, or tribal law currently pending against you? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_ If “**YES**,” please provide details. (Attach separate sheets if necessary.)

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

**TO BE COMPLETED FOR POSITIONS REQUIRING PROFESSIONAL LICENSES/CERTIFICATES ONLY:**

**Please provide all applicable information.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Individual Taxpayer Identification Numbers (ITIN)

\_\_\_\_\_  
National Provider Identifiers (NPI)

\_\_\_\_\_  
Drug Enforcement Administration (DEA) Numbers

\_\_\_\_\_  
Unique Physician Identification Numbers (UPIN)

**Professional Schools Attended**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

**Occupational and State Licensure Information**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty