



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84720 • (435) 586-1112 • (435) 867-2659 (Fax)

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 Office Phone Number (if applicable) Social Security # Date of Birth

Driver’s License # State Email address

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.

TO BE COMPLETED FOR POSITIONS REQUIRING 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