



# THE PAIUTE INDIAN TRIBE OF UTAH

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

## Background Check Authorization

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish the **PAIUTE INDIAN TRIBE OF UTAH**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment, volunteer work or other services with the **PAIUTE INDIAN TRIBE OF UTAH**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of the **PAIUTE INDIAN TRIBE OF UTAH** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

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

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

**Two (2) copies of fingerprints with a copy of your current Identification Card are required with this form.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS PAGE NEEDS TO BE COMPLETELY FILLED OUT**

**REQUIRED PERSONAL INFORMATION**

\_\_\_\_\_  
First , Full Middle, and Last Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Tribal Affiliation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

**REQUIRED OTHER NAMES USED, IF ANY**

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Also Known As

**REQUIRED PREVIOUS RESIDENCE**

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

**REQUIRED THREE PROFESSIONAL REFERENCES**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

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

**PLEASE PROVIDE ALL APPLICABLE INFORMATION**

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

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

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

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

**PROFESSIONAL SCHOOLS ATTENDED**

\_\_\_\_\_  
School Name & Address

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

\_\_\_\_\_  
School Name & Address

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

\_\_\_\_\_  
School Name & Address

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

**OCCUPATIONAL & 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

**OFFICIAL USE ONLY**

<b>Name:</b>				<b>Date Background Check Submitted:</b>		/ /	
<b>Department:</b>				<b>Division:</b>			
<b>Subdivision:</b>							
<b>Reason for Background Check:</b>		<input type="checkbox"/> Employment		<input type="checkbox"/> Internship		<input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Other:				<input type="checkbox"/> Committee	