



White Earth Tribal Gaming  
Background Department  
P.O. Box 395  
Mahnomen, MN. 56557  
Phone: (218)935-2148  
Fax: 218-935-5087

**\*\* PLEASE PRINT CLEARLY \*\***

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Tribal Gaming Regulation to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

REPORTS REQUESTED: (please circle) STATE MVR

Please list the STATE you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

TRIBAL GAMING SIGNATURE: \_\_\_\_\_