



**White Earth Compliance Division
P.O. Box 395
Mahnomen, MN. 56557
Phone: (218)935-2148**

Informed Consent

**** PLEASE PRINT CLEARLY****

The following named individual has made 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 Compliance Adjudication Department 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 Compliance Adjudication Department 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: _____