



**LEECH LAKE BAND OF OJIBWE**  
**Human Resources**  
**BCA Background Release Form**

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The following individual has completed an application with our agency.

APPLICATION INFORMATION (must type or print)

Last Name: \_\_\_\_\_

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

First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

List other First or Last names used in the past: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_ Social Security Number: \_\_\_\_\_

I, the undersigned, have completed an application with the \_\_\_\_\_ Division  
for employment as \_\_\_\_\_

I certify that I have provided complete and accurate information as requested above on this application.

I am hereby authorizing the Leech Lake Band of Ojibwe to conduct a background check utilizing the Minnesota Bureau of Criminal Apprehension. The position for which I have applied is considered a Safety Sensitive Position and a background check is an employment requirement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Witness by Human Resources Representative once received in office:

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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

Signature: \_\_\_\_\_