



Leech Lake Band of Ojibwe
Human Resources
BCA Background Release Form

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 past: _____

Date of Birth: _____ Sex: M ___ F ___ Social Security Number: _____

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 Signature

Date

HR USE ONLY	
Date Received:	_____
Date of Check:	_____ A: ___ U: ___
HR Staff:	_____