



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 the 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's Signature

Date

Witness by Human Resources Representative once received in office:

Signed before me on this _____ day of _____ 20_____

Signature: _____