

**Criminal History Report Procurement Authorization**

*For Company Use Only*

**Company: TULALIP TRIBES beda?chelh**

Date: \_\_\_\_\_

Co. Representative: \_\_\_\_\_ Company Representative Contact Number: 360-716-3284

Applicant Name: \_\_\_\_\_  
(Please print clearly) (Last) (First) (Middle Name)

Applicant Maiden Name/Alias (list all): \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: _____ -- _____ -- _____ (Month) (Day) (Year)			Place of Birth _____		
_____	_____	_____	_____	_____	_____
Height	Weight	Hair color	Eye color	Race	Sex(M/F)

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give:  
*Please note: Admittance of felony convictions does not automatically disqualify employment.*

DATE	COUNTY	STATE	CRIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below addresses at which you have lived in the past seven years, with dates.

From	To	Previous Street Address	City	State	County
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

*To the applicant:* The Washington Fair Credit Reporting Act and other applicable laws give you certain rights with regard to consumer reports obtained for employment purposes, including, upon request, disclosure of information on you in the reporting agency's file at the time of your request, including the identification of persons who have procured the consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. Request for disclosure should be made in writing by certified mail to background Checks, Inc. PO Box 1466, Bothell, WA 98041.

\_\_\_\_\_  
Signature Date