



White Earth Child Care/ Early Childhood Program

Phone: 218 983-3285

Fax: 218-983-4106

PO Box 418. White Earth. MN 56591

www.whiteearth.com

UNLICENSED PROVIDER BACKGROUND INVESTIGATION

In connection with my application for providing child care, I understand that an investigation report; which may contain public record information may be requested or made on me to include juvenile/adult criminal records.

I, _____, hereby authorize any State or Local Repository of Criminal Records and/or County Social Services and Indian Child Welfare to be disclosed to the White Earth Reservation Child Care Program, the following information that is contained in my file:

**Any Criminal Activity, Complaints,
Suspensions, Calls, Reports, Arrests or Convictions
(Substantial/Unsubstantial) CHIPS, Child Protections**

I further authorize ongoing procurement of the above mentioned reports at any time during my affiliation with the White Earth Reservation Child Care Program. This form shall be valid for a period of no longer then one year of signed date.

Last Name

First Name

Full Middle

MAIDEN/FORMER OR OTHER NAMES OR ALIAS: _____

SOCIAL SECURITY NUMBER: _____ D.O.B _____

DRIVER LICENSE NUMBER: _____

RACE: _____

GENDER: _____ MALE _____ FEMALE _____

COUNTIES WHERE YOU HAVE LIVED SINCE AGE 18:

COUNTY: _____

STATE: _____

COUNTY: _____

STATE: _____

COUNTY: _____

STATE: _____

COUNTY: _____

STATE: _____

COUNTY: _____

STATE: _____

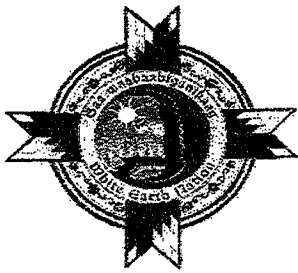
COUNTY: _____

STATE: _____

SIGNATURE: _____

DATE: _____

I AUTHORIZE MINNESOTA BUREAU OF CRIMINAL APPREHENSION TO DISCLOSE CRIMINAL HISTORY TO THE WHITE EARTH CHILD CARE PROGRAM. I ALSO AUTHORIZE ANY AGENCIES TO DISCLOSE ANY CRIMINAL HISTORY RECORDS AND/OR CHILD PROTECTION INFORMATION TO THE WHITE EARTH CHILD CARE PROGRAM.



White Earth Tribal Gaming Regulations
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 Tribal Gaming Regulation 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 Tribal Gaming Regulations 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: _____



White Earth Compliance
 Adjudication Department
 P.O. Box 395
 Mahnomen, MN. 56557
 Phone: (218)935-2148
 Fax: 218-935-5087

**** PLEASE PRINT CLEARLY****

INFORMED CONSENT OF UNDER 18 YEARS OF AGE

The following named individual has an 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 Tribal Gaming Regulation 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 Tribal Gaming Regulations 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

Signature of Parent/Guardian of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

REPORTS REQUESTED: (please circle) STATE MVR

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____