



GRAND TRAVERSE BAND OF  
OTTAWA AND CHIPPEWA INDIANS



DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF CONSUMER REPORT

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as a employee. In the event that information from the report is utilized in whole or in part, in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description, in writing, of your rights under the law.

NON-EXPIRING AUTHORIZATION AND RELEASE

As an employee, prospective employee, volunteer or prospective volunteer, I understand that information may be requested as to my character, employment, including job performance and work habits, and other personal history. I further understand that information may be requested regarding my motor vehicle driving history, workers' compensation claims, credit and criminal history and other public records.

I agree that any false information in support of my application for employment may subject me to being discharged at any time during my employment. I hereby authorize and release from all liability without reservation, the Grand Traverse Band of Ottawa and Chippewa Indians, and any law enforcement agency, administration, State/Federal agency, institution, employers, (prior and present), insurance company, or person gathering or furnishing the above information

By my signature below, I acknowledge receipt of the notification for the DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT and the NON-EXPIRING AUTHORIZATION AND RELEASE and I hereby authorize the Grand Traverse Band Background Investigations Department to obtain report information for consideration of my employment application.

*A photographic or FAX copy of this authorization may be deemed the equivalent of the Original*

**(Enter legal, full name)**

_____	_____	_____	
Last Name	First Name	Middle	
_____	_____	_____	
Social Security Number	Drivers License Number	State Issued	
_____	_____	_____	
Current Address	City	State	Zip Code
_____	_____	_____	_____
Race	Sex	Date of Birth	Maiden/Other Names Used

List all former states/Foreign Countries of Residency: \_\_\_\_\_

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

**Note: Must be accompanied by copies of Drivers License and Social Security Card. Resident Alien Card, Birth Certificate, Passport or other documents are required in some instances.**

For Official Use Only      Government      EDC

Recruiter \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_