





**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS**

**NON-EXPIRING AUTHORIZATION FOR RELEASE  
AND WAIVER OF LIABILITY**

*Carefully read the following information before completing the forms in their entirety.*

**Privacy Act Statement:** Solicitation of this information is authorized by 25 U.S.C. § 3207, 25 CFR Part 63, and Tribal Council Resolution # 02-20.1115. This authorization and any information obtained will be used to determine your eligibility for employment in a position involving regular contact with, or control over, Indian children or other vulnerable populations. As a routine use, the information will be used by Grand Traverse Band of Ottawa and Chippewa Indians staff in fulfillment of statutory and regulatory obligations. The information may be directed to federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations conducted in association with designated employment positions.

Completion of this form is voluntary; however, if you decline to disclose the requested information and to consent to GTB verifying this information, GTB will be unable to hire or employ you in designated positions. Disclosure of your Social Security Number is voluntary; however, failure to supply may result in errors in processing your application.

This Non-Expiring Authorization for Release of Information and Waiver of Liability ("Authorization") constitutes my consent and authorization for any person, corporation, agency, association, or employer prior or present information to furnish to GTB or its designee any information solicited for purposes of evaluating my eligibility and fitness for employment regarding my criminal record, civil and criminal judgments, education, character and general reputation, motor vehicle driving record, credit, or current and prior employment (including experience, performance, attendance, disciplinary history, work habits, and reasons for termination). I direct all contacted persons and organizations to furnish all relevant information, regardless of any contrary agreement I may have made with such person or entity, including designation of such information or documents as confidential or sealed.

I agree to cooperate with all necessary investigation requests, including being photographed and fingerprinted.

I hereby RELEASE GTB, its officers, agents, employees, subsidiaries, and insurers, and any contacted law enforcement agency, corporation, association, person, or other entity from any and all liability for damages, and from all Claims (defined as all claims, liabilities and causes of action of every kind and nature, whether arising out of contract, tort, statute or otherwise, including without limitation (1) defamation, discrimination, tortious interference with contract or business expectancy, blacklisting, or infliction of emotional distress; and (2) claims alleging any legal restriction on an employer's right to refuse to hire, or to terminate, employees) which may arise from the use or provision of information pursuant to this Authorization.

This Authorization is voluntary, and is executed with full knowledge that GTB will take measures to protect the aforementioned information against unauthorized disclosure. A copy of this Authorization shall be as effective and valid as the original.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

**CHARACTER INVESTIGATION**  
**NOTICE AND CONSENT**

Federal regulations promulgated at 25 CFR Part 63 require GTB to ask the following questions:

1. Have you ever been **arrested** or **charged** with a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, **or crimes against any persons?**

Yes       No

	Date	Charge	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain charge
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

\*Please use an additional sheet if necessary.

2. Have you ever been **convicted of**, or **pled guilty** or **nolo contendere** (no contest) to any **crime(s)** and/or **misdemeanors?**

Yes       No

	Date	Conviction	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain conviction
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

\*Please use an additional sheet if necessary.

3. Do you have any **pending** civil or criminal actions against you?

Yes       No

	Date	Pending Action	Court	City	State	Misd.	Felony	
a)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	*Use additional sheet to explain pending action
b)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	
c)	___/___/___					<input type="checkbox"/>	<input type="checkbox"/>	

\*Please use an additional sheet if necessary.

*I verify under penalty of perjury that all of the information provided in this application is true and correct to the best of my knowledge, information and belief, and that I have withheld nothing. I acknowledge that GTB may void my employment if the information received in reports from law enforcement and regulatory agencies differs from my representations in this application. I understand that I have a right to challenge the completeness and accuracy of any information contained in the reports. In the event that my employment is discontinued for false information or omission, all contractual, statutory and/or common law rights shall be considered terminated and GTB, its Tribal Council, employees and agents shall not be liable for damages resulting from the termination of employment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

**BACKGROUND PACKET**  
**ADDITIONAL SHEET**

Candidate ***must*** fill out this section if there are any charges, convictions, or pending actions.

\*Continued from Page 3 of 3.

Misd. Felony	Charge	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		

Misd. Felony	Conviction	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		

Misd. Felony	Pending Action	Explanation
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>		