



Kalispel Tribe of Indians - Background Investigations

100 N. Hayford Road - Airway Heights - WA - 99001
(509) 481-4120 Fax (509) 481-4142

Team Member Work Permit Application - Instructions

Thank you for your interest in becoming a team member of the Kalispel Tribe of Indians. The Tribe's Vision Statement's message promotes a bright future towards respecting traditions, recognizing the power of education, providing a nurturing environment for our children, and success with current and future enterprises. It reflects goals the Tribe has established and is currently working to accomplish. That's why we put this Work Permit program in place.

Background checks are conducted on all team members, volunteers, interns and contractors. If you meet the criteria, a work permit may be issued. This work permit will allow you to work within the department/area you apply for. This work permit is a privilege, not a right.

You are required to explain ALL criminal convictions in detail. Failure to disclose information may result in adverse action taken against your application.

If you need assistance with the application or have questions about the process, please do not hesitate to contact the Background Investigations department at (509) 481-4120.

APPLYING FOR YOUR TRIBAL WORK PERMIT

INCOMPLETE APPLICATIONS ARE NOT ACCEPTED - ANY "YES" ANSWERS TO QUESTIONS MUST BE EXPLAINED

APPLICATION FORM - Please complete the application in black or blue ink. If a question does not apply to you, indicate by writing "N/A" next to the question. If you are unsure whether a question applies to you, or what information the form is asking, contact the Background Investigation department for clarification. If the space on the form is insufficient, continue on a separate sheet of paper. Incomplete information could be deemed as non-disclosure, which is grounds to disqualify you from obtaining a Work Permit.

SUPPORTING DOCUMENTATION - The following forms must accompany the application, when applicable:

- * Additional pages where continuation of answers were needed;
- * Court or police documentation showing criminal offense dispositions.

LICENSING APPOINTMENT - When you submit your application, please be prepared to provide the following:

- * All completed application forms. DO NOT sign the authorization forms until instructed to do so by the Background Investigator. If you are mailing in the application, it must be notarized.
- * Two forms of identification; which one must include a picture and signature. Forms of ID can include a driver's license or state issued ID, Social Security card, birth certificate, passport, federally recognized tribal enrollment card, or military ID.
- * A digital picture will be taken and will be used to be displayed on your badge.
- * Fingerprints will be taken for Level 3 background check requests.

INCOMPLETE APPLICATIONS - You may be requested to provide additional information or documentation with your application. You will be notified in writing and given no more than ten (10) working days to comply with any requests made by the Background Investigations Department. Human Resources will be notified that you submitted an incomplete application.



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Print Form

Team Member Work Permit Application

Reset Form

AGENCY USE ONLY

Department: _____ Title: _____ Date App. Distributed: _____

Level 1 Level 2 Level 3 Level 4

Date App. Received: _____

SECTION I - PERSONAL INFORMATION

1. NAME: If you have no middle name, indicate with "NMI". If you are a "Jr.", "Sr.", "II", etc., enter after middle name.

Last: _____ First: _____ Middle: _____ Suffix: _____

Give other names used along with the period of time you used them. Include maiden and name(s) used from former marriages, along with any other names used such as nick names, whether written or oral.

Full Name: _____ Mo/Yr _____ to Mo/Yr _____

2. DATE OF BIRTH:
(give full year) _____

3. GENDER: Male Female 4. Social Security Number: _____ Have you ever used any other Social Security Number(s)? Yes No

5. CURRENT DRIVER'S LICENSE: Number: _____ State: _____ Have you held a license in other states? Yes No

6. TRIBAL ENROLLMENT: Are you an enrolled member of a Federally Recognized Tribe? Yes No Tribe: _____ Enrollment #: _____

SECTION II - YOUR CONTACT INFORMATION

1. Home Phone #: _____ 2. Message Phone #: _____

3. Mailing Address (if different from street) _____
City: _____ State: _____ Zip: _____

SECTION III - RESIDENCE HISTORY

Provide residence information without any gaps in timeline for current and previous five (5) years.

1. YOUR CURRENT STREET ADDRESS: _____ City: _____
County: _____ State: _____ Zip: _____ Length of time at residence: Mo/Yr _____ to current

2. YOUR PREVIOUS STREET ADDRESS: _____ City: _____
 County: _____ State: _____ Zip: _____ Length of time: Mo/Yr _____ to Mo/Yr _____

3. YOUR PREVIOUS STREET ADDRESS: _____ City: _____
 County: _____ State: _____ Zip: _____ Length of time: Mo/Yr _____ to Mo/Yr _____

SECTION IV - PERSONAL REFERENCES

Provide three personal references' daytime contact information. References must not be persons living with you or immediate family members.

1. Name: _____ Daytime Phone #: _____

2. Name: _____ Daytime Phone #: _____

3. Name: _____ Daytime Phone #: _____

SECTION V - CRIMINAL HISTORY

1. HAVE YOU **EVER** BEEN CONVICTED OF ANY CRIME OR HAVE CHARGES PENDING FOR ANY CRIME? (AS A JUVENILE OR ADULT) YES NO
 (Including Criminal Traffic violations, Do not include Traffic infractions)

2. FOR EACH SEPARATE OFFENSE, GIVE THE FOLLOWING INFORMATION: (for all felony and some misdemeanor convictions, official court paperwork is required to be included with application)

| Date (Mo/Yr) | Offense | City or Tribe | County or Reservation | State | Disposition | Date (Mo/Yr) |
|--------------|---------|---------------|-----------------------|-------|-------------|--------------|
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SECTION VII- INVESTIGATION HISTORY

1. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child, juvenile or adult? YES NO
2. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? YES NO

SECTION VI - EMPLOYMENT HISTORY

HISTORY - Provide the following information concerning your present and previous employment for the last five (5) years, WITHOUT ANY GAPS in timeline:

- 1. Start Date: _____ End Date: _____ Business Name: _____
City: _____ State: _____ Phone #: _____
Supervisor Name: _____ Official reason for leaving: _____
- 2. Start Date: _____ End Date: _____ Business Name: _____
City: _____ State: _____ Phone #: _____
Supervisor Name: _____ Official reason for leaving: _____
- 3. Start Date: _____ End Date: _____ Business Name: _____
City: _____ State: _____ Phone #: _____
Supervisor Name: _____ Official reason for leaving: _____

SECTION VII- LICENSE HISTORY

- 1. PROFESSIONAL LICENSURE- List any instances of applications for a license:
App. Date: _____ Licensing Authority: _____ License #: _____
City: _____ State: _____ Phone #: _____
License Type: _____ Disposition: _____
- 2. Were any license(s) or application for license(s) ever suspended, revoked, or denied? YES NO

SECTION VIII - EDUCATION

Provide the following information concerning your present and previous education and/or credentials:

- 1. Start Date: _____ End Date: _____ College/University/Trade: _____
City: _____ State: _____ Degree/Certificate: _____



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IMPORTANT: DO NOT SIGN ANYTHING UNTIL YOU SUBMIT YOUR APPLICATION!

WAIVER OF JURISDICTION

I agree to submit to the Kalispel Tribe of Indians Work Permit requirements to the extent necessary to determine my qualification to hold such a permit. I further waive any immunity, defense, or other objection that I might have in allowing the Kalispel Tribe of Indians to exercise their authority pursuant to the provisions of all Kalispel Tribal laws.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

BACKGROUND DEPT. SIGNATURE: _____

DATE: _____

CONSUMER CREDIT REPORT AUTHORIZATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Kalispel Tribe of Indians at any time after receipt of this authorization and throughout my employment, as allowable by applicable law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the Kalispel Tribe of Indians. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original and I agree to receive any notices, relating to my background check, electronically. The undersigned applicant hereby authorizes the Kalispel Tribe of Indians to obtain a credit report on the individual for eligibility of granting of a Work Permit. The provisions of the Fair Credit Reporting Act will **not** be applicable if a consumer credit report on the licensee or applicant is obtained and considered for adverse action.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

BACKGROUND DEPT. SIGNATURE: _____

DATE: _____



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RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize release to the Kalispel Tribe of Indians any information requested in order to determine my eligibility to obtain a Work Permit. Information available includes, but is not limited to my academic, regulatory agencies, business, residential, employment performance, employment and regulatory disciplinary actions, financial standing, employment, and criminal history records; whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records, or correspondence pertaining to me, upon request of the representatives of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors, and assigns, hereby release, waive and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the information release by records, custodians, and other sources of information is for a continual required background investigation to process my Work Permit application or for providing goods or services to the Kalispel Tribe.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization remains valid for the period that I hold a Work Permit and twelve months beyond.

I do hereby certify that I have read the foregoing and understand and authorize release of any all records indicated above about myself.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

BACKGROUND DEPT. SIGNATURE: _____

DATE: _____



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NOTICE REGARDING FALSE STATEMENTS

A false statement on any part of your application may be grounds for not hiring you or firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S.C. Title 18 Section 1001).

CERTIFICATION AND OATH OF APPLICATION

I, being duly sworn, depose and say that the statements made and information provided on this application are true and correct and contain a full and true account of the information requested to the best of my knowledge and benefit. Statements provided by me to the Tribe, or its agents during the course of the background investigation of me conducted pursuant to Tribal, State and Federal laws and regulations, are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of this investigation is to determine my eligibility for employment in or associated with the Kalispel Tribe and I consent to the release of all information necessary. This statement is executed with the knowledge that misrepresentation or failure to reveal information on a continual basis or as requested may be deemed sufficient cause for the refusal to issue a Work Permit by the tribe and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any Tribal Work Permit granted. I agree to update the Kalispel Tribe if any of the information provided within this or future applications becomes inaccurate or changes, and it is my responsibility to do so within ten (10) business days.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

BACKGROUND DEPT. SIGNATURE: _____

DATE: _____



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Attachment _____ of _____ LIST SECTION(S) FOR WHICH YOU ARE PROVIDING EXPLANATIONS

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

BACKGROUND DEPT. SIGNATURE: _____

DATE: _____