

DISCLOSURE AND AUTHORIZATION FORM

The Puyallup Tribe of Indians (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment application (including independent contractor assignments, as applicable). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: *social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

AUTHORIZATION

I have carefully read and understand this disclosure and authorization form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Please print legibly

Signature

Date

Name (First) (Middle) (Last)

Maiden Name Other Names Used

Address

City ST Zip

_____-_____-_____
Phone Number

Date of Birth: ____/____/____

SSN: ____-____-____

Drivers License/ID #: _____ State of Issue: _____

This information is being collected to conduct the background screen on you. It will not be used or shared for any other purpose.

Attachment F RELEASE OF INTEREST

Employer/Transit authority/Volunteer organization

_____ is an agent or acting as agent on behalf of a
Contractor name
Subscriber for employment purposes or is an employee, prospective employee, or volunteer organization.

This is an authorization of:

1. Employee for release of abstract of driving records for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of abstract record for which the volunteer has submitted an application for a position that would require driving by the volunteer at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of the
Employee/Prospective Employee/Volunteer Name
company named above and I request a copy of my official Driving Record in the state of Washington be released to my employer, prospective employer, or volunteer organization or their agent.

PRINT OR TYPE Employee/Prospective employee/Volunteer Full Name (First, Middle, Last)	WA driver license number or date of birth
Employee/prospective employee/Volunteer signature X	Date Signed

The Subscriber listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of License (DOL), the Director of DOL, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Certification of Use;" any defects in any of Subscriber's procedures followed or omitted or arising from the failure of Subscriber or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this Contract; or arising in any manner from any negligent act or omission by Subscriber or its officers, employees, customers, contractors or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. That the information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the Subscriber named below.

Contractor/Subscriber name	
Address	
Authorized representative name	Title

Date and Place Signed

X_____
Authorized representative signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

Puyallup Tribe of Indians

APPLICANT DISCLOSURE STATEMENT

Name: _____

Signature: _____ Date: _____

Instructions: Please respond to every question below and sign and date each page of this statement. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians. If additional space is needed, attach a separate sheet of paper.

Note: A prior conviction will not necessarily bar you from consideration for employment.

EMPLOYMENT HISTORY

- 1. Have you ever been discharged from any employment? No Yes

- 2. Have you ever resigned or otherwise separated from employment in order to avoid employment discharge? No Yes

- 3. Have you ever been disciplined for misconduct by a past or present employer? No Yes

- 4. If you answered YES to questions 1, 2 or 3, provide an explanation of the circumstances, including underlying facts, place, date and outcome. Attach an additional page if needed.

CRIMINAL HISTORY

- 5. Are you presently charged with, but not convicted of any crime? (Exclude non-criminal infractions such as minor traffic citations.) No Yes

Name: _____ Signature: _____ Date: _____

6. If you answered YES to question 5, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). Pending criminal charges will not necessarily prevent you from being considered for employment.

7. Have you ever been convicted of any crime? (The term convicted means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere/no contest, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude non-criminal infractions such as minor traffic citations.) No Yes

8. If you answered YES to question 7, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). A conviction will not necessarily prevent you from being considered for employment.

9. Check here if you have NOT been convicted of any crime other than non-criminal infractions such as minor traffic violations.

10. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a minor or vulnerable adult or convicted of any crime where the victim was a minor or vulnerable adult? No Yes

11. Have you ever been found in a dependency action to have sexually assaulted or exploited any minor or to have abused any minor? No Yes

12. Have you ever had a DSHS/CPS (Child Protective Services) finding against you? (for example, any finding of abuse and/or neglect against a minor.) No Yes

13. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 10 – 12? No Yes

14. If you answered YES to any of questions 10 – 13, explain below or attach an explanation of the nature of the finding, place, date, and circumstances.

Name: _____ Signature: _____ Date: _____

Puyallup Tribe of Indians

APPLICANT DISCLOSURE STATEMENT

Inquiries will be made to various Law Enforcement and other agencies to verify your answers to the above questions. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the Puyallup Tribe of Indians that the foregoing is true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians.

Applicant name (print) _____

Applicant signature _____

Date _____