



# Confederated Tribes of the Colville Reservation

Colville Tribal Law Enforcement Department

CRIMINAL HISTORY &  
BACKGROUND INQUIRY

NAME OF PERSON BEING CLEARED (PRINT CLEARLY)

## SECTION 1

NAME AND ADDRESS OF CCT – STAFF WHO WILL CONDUCT BACKGROUND CHECK

Colville Confederated Tribes

ATTN: Gina Erickson

Senior Administrative Assistant

P.O. Box 617

Nespelem, WA 99155-0150

NCIC Background required for information sensitive positions:  
CTPD, NRE, DOC, IT, PROSECUTORS OFFICE  
PUBLIC SAFETY

## SECTION 2: TO BE COMPLETED BY APPLICANT

NAME OF FACILITY:

NAME: LAST FIRST MIDDLE

ALIAS/MAIDEN NAME: LAST FIRST MIDDLE

PRESENT ADDRESS: STREET CITY STATE ZIP

DRIVER'S LICENSE NUMBER (WDL)

SEX

DATE OF BIRTH

SOCIAL SECURITY NUMBER

## SECTION 3 APPROVAL BY (DEPARTMENT USE ONLY)

As an **authorized representative** of the Colville Tribes, I request a background inquiry be conducted on the person named in section 2

Signature:

Date

## SECTION 4 TO BE COMPLETED BY APPLICANT

HAVE YOU:	YES	NO
BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY?	[ ]	[ ]
IS THERE A CRIMINAL CHARGE (CURRENT OR PAST) PENDING AGAINST YOU WHICH BEARS UPON YOUR FITNESS TO PERFORM THE FUNCTION OF THE JOB?	[ ]	[ ]
BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS?	[ ]	[ ]
HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE?	[ ]	[ ]
BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY, EMOTIONALLY, MENTALLY ABUSED ANY CHILD?	[ ]	[ ]
BEEN DENIED A LICENSE TO CARE FOR CHILDREN?	[ ]	[ ]
HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED?	[ ]	[ ]
RESIDED OUTSIDE THE STATE OF WASHINGTON WITHIN THE PAST FIVE (5) YEARS?	[ ]	[ ]
BEEN AN EMPLOYEE OF ANY OTHER TRIBAL INDIAN RESERVATION WITHIN THE PAST FIVE (5) YEARS?	[ ]	[ ]

I HEREBY CERTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FINDING ME UNSUITABLE.

SIGNATURE OF PERSON TO BE CLEARED

DATE