



Leech Lake Band of Ojibwe  
Human Resources  
**BCA Background Release Form**

The following individual has completed an application with our agency.

**Application Information (must type or print)**

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

List other First or Last names used in past: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I certify that I have provided complete and accurate information as requested above on this application.

I am hereby authorizing the Leech Lake Band of Ojibwe to conduct a background check utilizing the Minnesota Bureau of Criminal Apprehension. The position for which I have applied is considered a Safety Sensitive Position and a background check is an employment requirement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

HR USE ONLY
Date Received: _____
Date of Check: _____ A: _____ U: _____
HR Staff: _____