

FALLON PAIUTE-SHOSHONE TRIBE • TITLE 14 – TRIBAL ELECTION CODE
CRIMINAL HISTORY BACKGROUND CHECK FORM



INSTRUCTIONS. Individuals must completely fill out this form. After completion, the individual will need to pay a \$50.00 non-refundable fee at the Finance Department and attach a copy of that receipt to their filing form. Then this form must be submitted to the Fallon Tribal Police Department who will also complete your fingerprint card. You must have an authorized official sign your filing form attesting to the submission of this form.

APPLICANT INFORMATION

Applicant's Full Legal Name: _____

Current Street Address: _____
Street Address (not PO Box or Rural Route) City, State, Zip Code

Gender: Male Female Other Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Driver's License/ID #: _____ State: _____ Expiration Date: _____

Other Names Know by (maiden, aliases): _____

CURRENT AND PRIOR RESIDENCES

For the purpose of tribal, local and federal background checks, below please list all your former addresses that you physically lived at, starting from age 18, up to your current address.

Dates (start & end)	Physical Street Address	City	County	State	Tribe (if applicable)

PRIOR CRIMINAL CONVICTIONS DECLARATION

If you have been convicted of a gross misdemeanor or felony, state the facts of the case, the jurisdiction where the conviction occurred, the date of the conviction and all other relevant facts needed to identify the matter (excluding minor traffic offenses). **Failure to note any arrests or convictions will be considered a misrepresentation and will be grounds for disqualification and/or removal from the Fallon Business Council.**

CERTIFICATION

Pursuant to the Constitution & Bylaws of the Fallon Paiute-Shoshone Tribe, individuals are not eligible to serve on the Fallon Business Council if they have ever been convicted of any felony or gross misdemeanor in any Indian, State or Federal Court. A Candidate must authorize the Tribe to obtain a background check if they wish to be elected or appointed to the Fallon Business Council.

I have been informed and understand that the Fallon Paiute-Shoshone Tribe requires that I must pass a criminal history investigation that includes a search of Tribal, State and Federal (FBI) criminal history records for the purpose of holding office as a Fallon Business Council Officer/Member.

I understand that the Fallon Paiute-Shoshone Tribe may use the information received as a result of the criminal history investigation in determining whether I qualify to be elected or appointed to the Fallon Business Council. Should the search result in valid negative information, I understand that I will be disqualified to be elected/appointed or will not be seated on the Fallon Business Council.

I also understand that the results of my criminal history background check will be reviewable by the Tribal Election Committee and Fallon Tribal Police Department. I understand my criminal history background check will be used only for authorized purposes and will not be disseminated to anyone other than the named officials in this authorization.

By signing my name below, I do affirm that the Fallon Paiute-Shoshone Tribe may request any needed background (criminal or civil) information to assist in determining my eligibility. This Release of Information may be used to periodically check my background as deemed necessary. I have attached a copy of my current driver’s license/state ID and my social security card if applicable/needed.

By signing my name below, I hereby certify that the above information is complete, accurate, and represents full disclosure of current/prior residences and any criminal convictions (excluding minor traffic offenses). I understand that misrepresentation, omissions, or lack of full disclosure to any extent shall result in my disqualification to be elected/appointed to the Fallon Business Council candidate and/or removal from the Fallon Business Council.

Candidate’s Signature _____ Date _____

FPST ADJUDICATOR SECTION ONLY	
Date Release Expires _____	Officer or Adjudicator Signature _____
Notes or Comments: _____	
