



OFFICE OF BACKGROUND INVESTIGATIONS

P.O. Box 4020

Window Rock, Arizona 86515

Tel: (928) 810-8589

www.obi.navajo-nsn.gov Fax: (928) 810-8599



BACKGROUND CHECK RELEASE FORM

I understand that a background check with the Navajo Nation will be conducted by the Navajo Nation Office of Background Investigations pursuant to the Navajo Nation Personnel Policies Manual, Section IV. K. In addition, other additional requirements may apply based on the funding sources of certain Navajo Nation programs.

I authorize the Navajo Nation Office of Background Investigations to conduct a background check on me, to obtain any information relating to my federal, state, local and tribal criminal history records. In addition, civil and administrative records shall be included pursuant to the Navajo Nation Personnel Policies Manual, Section IV.K. and are listed as follows: Navajo Nation courts, Navajo Ethics and Rules Office, White Collar Crime Unit, Navajo Division of Public Safety, Office of the Chief Prosecutor, Department of Personnel Management, Office of the Auditor General and State Motor Vehicle Departments.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the Navajo Nation Office of Background Investigations authorized above.

I understand that the information released by record custodians and sources of information is for official use by the Navajo Nation Office of Background Investigations for the sole purpose of determining my suitability as a Navajo Nation applicant, employee or volunteer.

I release, fully discharge, and agree to indemnify, defend and hold harmless the Navajo Nation and the Office of Background Investigation from any and all claims, causes of action, responsibility, liability, damages, losses, costs, and expenses of any nature related directly or indirectly to performing such investigations, using and relying on any information obtained therefrom.

I release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer and any officer, employee, volunteer, representative or agent that furnishes written information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs, and expenses of any nature related directly or indirectly to furnishing such information.

Full Legal Name: (First Name, Middle Name, Last Name, Suffix i.e., Jr. Sr.)		Date of Birth: (mm/dd/yyyy)	Social Security Number: - -
Mailing Address:	City:	State:	Zip Code:
Other Names Used (Different Spelling, Nickname, Maiden Name, etc.):			Tribal Enrollment Number:
I hereby certify that I have read the foregoing statement and understand the content, and authorize the release of such records and information about myself.			
_____ Signature			
Subscribed and sworn or affirmed before me on this _____ day of _____ 20_____.			
[Stamp/ Seal Here]			
Notary Public: _____			
My Commission Expires: _____			



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ACKNOWLEDGEMENT OF UNDERSTANDING

For Employee

As an applicant, employee or volunteer, I, _____ hereby understand that in accordance with Navajo Nation Personnel Policies Manual, Section IV.K.8.g., I am or will be required to notify my supervisor in writing WITHIN 72 HOURS of any arrest, criminal indictment or conviction.

I further understand that my immediate supervisor upon my written notice is required to notify the Office of Background Investigations WITHIN 72 HOURS. In addition, I may be subjected to a new background check and a suitability assessment, which could materially affect the decision to hire me or to continue my employment with the Navajo Nation. Upon initiating the new background check all supporting documentation shall be submitted to the Office of Background Investigations. I understand I shall be subjected to applicable background check fee(s).

I further understand that all documentation shall be treated in accordance with the Navajo Nation Privacy and Access to Information Act.

This form shall become immediately effective upon my signature and notary. I understand that failure to report may result in disciplinary action(s) pursuant to the Table of Penalties.

SIGNATURE: _____ DATE: ____/____/____

Subscribed and sworn or affirmed before me on this ____ day of _____, 20 ____.

Notary Public

{Stamp/ Seal Here}

My Commission Expires: ____/____/____