



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



PERSONAL INFORMATION

Please print and do not leave any field blank if does not apply write NONE.

Full Legal Name: _____
First Middle Last

Other Names Used: _____
(Maiden, different spelling, etc.)

Social Security No.: _____ Certificate of Navajo Indian Blood: _____

Daytime Phone No.: (____) _____ Message Phone No.: (____) _____

Tribal Operator's Permit Number: _____

Identification Card

or

Driver's License No.: _____ State: _____ Expiration: _____

Has your state driver's license ever been suspended or revoked? Yes No

If so, explain the circumstances and which state(s).

Have you ever received a background check from our office? Yes No

Are you related to any OBI staff? Yes No

Determination Notice delivery preference: US Mail In-Person Email: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female
mm/dd/yyyy State Only

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Ethnicity: Native American

African American

Asian

Caucasian

Hispanic

Physical Address: _____
(No P.O. Box)

City _____ State _____ Zip Code _____

.....
I hereby understand that I am required to provide accurate and truthful information, and not to omit material information needed to make a decision. Any misrepresentation, falsification, or material omissions in any information that I have provided to the Office of Background Investigations may result in my exclusion from further consideration for employment or termination of employment pursuant to NNPPM, Table of Penalties #4 & #5 may apply.

Signature

Date



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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.

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

Date

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 required to notify my supervisor in writing **WITHIN 72 HOURS** (3 days) 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** (3 days). 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 understand that my failure to report any arrest, criminal indictment or conviction may result in disciplinary action pursuant to the Table of Penalties.

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: ____/____/____