CONFIDENTIAL

Pueblo of Pojoaque
Authorization for Background Check

I hereby authorize the Pueblo of Pojoaque Tribal Secretary and its designated agents and representatives to conduct a criminal background check. The information will be used for consideration regarding reside within the exterior boundaries of the Pueblo. I understand that any criminal conviction may prevent my request being approved through Tribal Council. I also understand that any criminal conviction after approval may be grounds for eviction from the Pueblo of Pojoaque.

PLEASE PRINT LEGIBLY – ALL INFORAMTION IS REQUIRED

Last Name:	**First Name:**	**Middle Name:**
Address:	**City:**	**State and Zip Code:**
Home Phone:	**Cell Phone:**	**Date of Birth:**

Have you lived at the above address for at least two years? ☐ **Yes** ☐ **No**

If no, please provide previous address: _____
Address **City/State/Zip**

Driver's License Issuing State and Number:	**Social Security Number**:

List below any names used previously:

Last Name:	**First Name:**	**Middle Name:**

List below the full city/county/states where you have lived in the last seven years:

City:	**County:**	**State:**	
Have you ever been convicted of a felony or misdemeanor?		**Yes:**	**No:**
Have you ever accepted deferred adjudication?		**Yes:**	**No:**

If you answered yes to either question above, please explain: _____

_____

_____

_____

I certify that the information provided is complete and accurate to the best of my knowledge.

_____ **Date:** _____
Signature