

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 INFORMATION 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:
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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.

Signature Date: _____