



# PUYALLUP TRIBE OF INDIANS

## CERTIFICATION/AUTHORIZATION/RELEASE

I certify that the information submitted is true, accurate, and complete to the best of my knowledge, and further that such certification is made with the full knowledge that untruthful or misleading answers are cause for denial of my application and/or revocation of any job offer.

I hereby authorize investigation of my criminal history, financial records, education achievements, and other sources as necessary for employment, and I further authorize custodians of such records and information to release the same to the Puyallup Tribe of Indians Administration Human Resource Department or the Puyallup Tribal Police Department.

I hereby release the Puyallup Tribe of Indians Administration Human Resource Department and/or the Puyallup Tribe Police Department, from any and all claims arising out of the processing or investigation relating to my application.

<i>Applicant's Signature</i>	/ / <i>Date</i>
<i>Full Name (type or print legibly)</i>	- - <i>Social Security Number</i>
<i>Current Address</i>	/ / <i>Date of Birth</i>
<i>City</i>	<i>State</i>
	<i>Zip</i>
<i>Driver's License #/Identification Card #</i>	<i>State Issuing</i>

**\*\*NOTE: THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC\*\***

*Notary Stamp*                      NOTARY PUBLIC SIGNATURE                      DATE

NOTARY PUBLIC IN AND FOR THE STATE OF: \_\_\_\_\_

RESIDING AT: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

Please attach a copy of your valid driver's license.