

Residence History

Please list CURRENT address AND any other cities, states, and dates of residency during the past 7 years. Add additional pages if needed.

Current Address: _____

City: _____

State: _____ Zip Code: _____

From (m/year): _____ To (m/year): _____

Previous Address: _____

City: _____

State: _____ Zip Code: _____

From (m/year): _____ To (m/year): _____

Previous Address: _____

City: _____

State: _____ Zip Code: _____

From (m/year): _____ To (m/year): _____

Previous Address: _____

City: _____

State: _____ Zip Code: _____

From (m/year): _____ To (m/year): _____

Previous Address: _____

City: _____

State: _____ Zip Code: _____

From (m/year): _____ To (m/year): _____

Background Check - Disclosure and Authorization

Notice - Background Investigation

In connection with your volunteering with the Muscogee (Creek) Nation - Youth Services, the "Company" notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for approval purposes. The reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and American Checked, 4870 South Lewis Ave., Suite 120, Tulsa, OK 74105; Phone: 1-800-975-9876.

For information about American Checked privacy practices, see <http://americanchecked.com/privacy-policy>.

The scope of this notice and below authorization is not limited to the present and, if you are approved, will continue throughout the course of your agreements and allow the Company to conduct future screenings for retention, promotion or reassessment, as permitted by law and unless revoked by you in writing.

Background Information:

Have you ever been accused, charged or convicted of domestic violence or sexual assault? Yes
Mark only one. No

If yes, please describe in detail:

Acknowledgement and Authorization

By signing below, I hereby authorize the obtaining of consumer reports and/or investigate consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature

Date

First Name

Middle Name

Last Name

Social Security Number: _____

Release of Information Criminal History

Mvskoke Nation Youth Services (MNYS) requires your consent to obtain information from city and county police departments regarding your application to participate in a voluntary position with the program.

This is a consent for release of information about:

Full Name: _____

Date of Birth: _____ / _____ / _____

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

I authorize:

Local Police Department _____

County Police Department _____

*to provide a written report to the Mvskoke Nation Youth Services of any **criminal allegations, investigations findings, open cases or history**, for the purpose of participating in **Mvskoke Mentors**.*

I understand that I can revoke this consent in writing to both the entity giving and the entity receiving the information. Any information already released may be used as stated on the consent. This consent is valid for ninety (90) days from the date the form is signed.

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signature

Date

Employment History

Please provide employment information of the past 7 years with MOST RECENT position held first.
Add additional pages if needed.

Employer: _____

Street Address: _____

City/State/Zip: _____ / _____ / _____

Supervisor's Name: _____

Position Held/Job Title: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Street Address: _____

City/State/Zip: _____ / _____ / _____

Supervisor's Name: _____

Position Held/Job Title: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Street Address: _____

City/State/Zip: _____ / _____ / _____

Supervisor's Name: _____

Position Held/Job Title: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Street Address: _____

City/State/Zip: _____ / _____ / _____

Supervisor's Name: _____

Position Held/Job Title: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Street Address: _____

City/State/Zip: _____ / _____ / _____

Supervisor's Name: _____

Position Held/Job Title: _____

Dates of Employment: From: _____ To: _____

Personal References

Please list the names, addresses and phone numbers of four people you would like to use as a character reference. (Only people you have known for at least a year).

(List one relative living OUTSIDE of the home.

If you have an Adult Child living outside of your home, please list that Adult Child here.)

Related Reference Name: _____

Relationship: _____

How long known: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Phone: _____ Email: _____

NON Related Reference Name: _____

Relationship: _____

How long known: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Phone: _____ Email: _____

NON Related Reference Name: _____

Relationship: _____

How long known: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Phone: _____ Email: _____

NON Related Reference Name: _____

Relationship: _____

How long known: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Phone: _____ Email: _____

Hobbies/Interests

- | | | | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Singing | <input type="checkbox"/> Sports | <input type="checkbox"/> Poetry | <input type="checkbox"/> Weight Lifting | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> 4-Wheeling | <input type="checkbox"/> Shopping | <input type="checkbox"/> Reading | <input type="checkbox"/> Family Time | <input type="checkbox"/> Gaming |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Leadership | <input type="checkbox"/> Animals | <input type="checkbox"/> Blog/Vlog | <input type="checkbox"/> Social Media | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Hiking | <input type="checkbox"/> Technology | <input type="checkbox"/> Boating | <input type="checkbox"/> Biking | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Academics | <input type="checkbox"/> Camping | <input type="checkbox"/> Swimming | <input type="checkbox"/> Science | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Parks | <input type="checkbox"/> Movies | <input type="checkbox"/> Board games | <input type="checkbox"/> Church | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Photography | <input type="checkbox"/> Computers | <input type="checkbox"/> Sewing | <input type="checkbox"/> Knitting | <input type="checkbox"/> Beading |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Reading | <input type="checkbox"/> Electronics | <input type="checkbox"/> Drawing | <input type="checkbox"/> Pottery | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Other: _____ | | | | | |

List any and all Social Media Names/Handles:













Other: _____

Other: _____

How do you participate in your community?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Voting | <input type="checkbox"/> Advisory Group | <input type="checkbox"/> Tribal Community Center |
| <input type="checkbox"/> Arts Programs | <input type="checkbox"/> Poll Worker | <input type="checkbox"/> Activist | <input type="checkbox"/> Community Organizations |
| <input type="checkbox"/> Promoting Causes | <input type="checkbox"/> Elected Official | <input type="checkbox"/> Financial Support | <input type="checkbox"/> Community Education Programs |
| <input type="checkbox"/> Other: _____ | | | |

Verification

By signing my name here, I affirm that the information is true to the best of my knowledge.

Signature

Date

CHECKLIST: Completed Application Tribal Enrollment Card State ID/Driver's License

RETURN TO:

MAIL TO: MNYS, PO Box 580, Okmulgee, OK 74447
IN PERSON: 700 N. Mission, Okmulgee, OK 74447

FAX TO: 918-758-2750
EMAIL TO: mvskokementors@mcn-nsn.gov