



**The Lac Courte Oreilles Tribal Governing Board
is seeking Letters of Interest for the
Pardon and Forgiveness Screening Committee:**

2 (Two) Vacancies

The Pardon and Forgiveness Screening Committee will consist of 7 (seven) members. LCO Tribal Governing will appoint the committee members from the letters received. Alternates for the positions will also be selected.

Potential appointees shall submit to a background investigation for a determination of eligibility by the Tribal Governing Board. Potential appointees shall be required to cooperate with the fingerprint process and provide all relevant information to facilitate the investigation.

Qualifications. Appointees to the Committee must satisfy the following requirements:

- Be an enrolled citizen (member) of the Tribe.
- Be at least 21 years of age.
- Have obtained a High School Diploma or GED equivalent or a degree of Higher Education.
- Have no prior record of, or entry of a plea of no contest to, any of the following in any tribal, county, state or federal court, unless pardoned:
 - A felony.
 - Fraud or misrepresentation in any connection.
- Shall not be an elected tribal official.
- Shall comply with an approved code of ethics.

Official Powers and Duties. The Committee shall carry out the following official powers and duties:

- Promulgate internal standard operating procedures necessary to govern its

**LCO Tribal Government
Human Resources Dept
Pardon & Forgiveness Comm**

proceedings;

- Review and process applications for a pardon or forgiveness in an orderly and expeditious manner;
- Review an applicant's background investigation report received from the Human Resources Department;
- Conduct and preside over hearings;
- Provide formal, written recommendations to the Tribal Governing Board to approve or deny a pardon or forgiveness application; and
- Take other actions reasonably related to the purpose of the Committee.

MAIL, FAX OR EMAIL LETTERS OF INTEREST TO:

**Lac Courte Oreilles Tribal Government
ATTN: Human Resource Department
13394 W Trepania Road
Hayward, WI 54843
Fax (715) 634-4797
HR Fax (715) 699-1209
doreen.debrot@lco-nsn.gov
caroline.yellowthunder@lco-nsn.gov
marilyn.isham@lco-nsn.gov**

*Tribal preference will apply to qualified applicants in accordance with the
Lac Courte Oreilles Policies & Procedures Manual.*

**LCO Tribal Government
Human Resources Dept
Pardon & Forgiveness Comm**

RELEASE AND AUTHORIZATION

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to ensure the accuracy of records obtained during this investigation. The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

Signature:

Date:

Print: Last Name

First Name

Middle Name

Maiden, former or alias name(s):

Social Security Number:

Other names you are known by?

Have you ever been convicted of a felony? Yes No

Date of Birth:

Driver's License Number:

Tribal Affiliation:

Enrollment Number:

Present Address:

City:

State:

Zip Code:

County:

How long at present address?

Previous Address:

City:

State:

Zip Code:

From: (Month/Year)

To: (Month/Year)