

SHAWNEE TRIBE ELECTION COMMITTEE **CANDIDATE'S DECLARATION OF INTENT**



Ballot Information

Name as it appears on Shawnee Tribe Roll

Elected Position Sought

Contact Information

Residential Address

Mailing Address (if different)

(_____) _____ - _____
Phone Number

_____/_____/_____
Date of Birth

Shawnee Tribe Enrollment Number

Email Address

Candidate Affirmation

As a prospective candidate for elected office of the Shawnee Tribe, I affirm that:

1. I am an enrolled citizen of the Shawnee Tribe and meet the general qualifications to become a candidate for the above-stated office in the next election.
2. I am familiar with the Shawnee Constitution, Shawnee Laws, and the Shawnee Elections Act, and shall agree to abide by and uphold the same.
3. I consent to the jurisdiction of the Tribe for enforcement of any violations of the Shawnee Elections Act and the imposition of any civil fines.

Candidate Signature

Date ____/____/____

Instructions:

To file for candidacy, the prospective candidate **must** submit the following to the Election Committee:

1. A completed Candidate's Declaration of Intent form (page 1 of this document).
2. A signed Candidate Affirmation (page 2 of this document).
3. A signed Release of Information for background investigation purposes (pages 3 and 4 of this document).
4. Pay the appropriate filing fee. **Only cash, cashier's checks, or money orders shall be accepted.**
5. All candidate filings must be received by the Election Committee by the third Friday of June. No hand-delivered or mailed filings will be accepted after the filing deadline.

Hand-delivered filings must be brought to the Tribal office located at 29 South Highway 69A, Miami, OK.

The address for mailed filings is:

Shawnee Tribe Election Committee
PO Box 189
Miami, OK 74355

Office Use Only

Date Received: ____/____/____

Filing Fee Paid: ____ Yes ____ No ____ Int.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of the Tribe and its citizens, employees, and property, pursuant to the Title 6 Elections Act, Section 6.16.040 the Shawnee Elections Committee will order a background report on all candidates for office. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing, and certification checks; credit reports; and drug testing results. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Shawnee Elections Committee to order my background report. I also authorize additional agencies and entities to disclose for purposes of the background report all information about or concerning me, including but not limited to: My past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local agencies; federal, state, and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I agree the Shawnee Elections Committee may rely on this authorization to order one or more background reports without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all the personal information I provided is true and correct.

Last Name _____

First _____ Middle _____

Maiden/Other Names _____

Years Used _____

Signature

____/____/____
Date

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Shawnee Elections Committee in running a background check in connection with your candidacy for office.

Last Name _____

First Name _____ Middle Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within the Past Seven Years (*use a separate sheet as needed*):

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)