

Minnewaska Area Schools

Background Check Form

Date _____

The following named individual has made application with this agency for employment:

APPLICANT LAST NAME: _____

APPLICANT FIRST NAME: _____

MIDDLE (FULL): _____

MAIDEN, ALIAS OR FORMER: _____

DATE OF BIRTH (MONTH/DAY/YEAR): _____

SEX ☐ Male ☐ Female

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Minnewaska Area Schools pursuant to Minnesota State Statue 123B.03 for the purpose of employment with this agency. I authorize the Minnewaska Area Schools or its agent to investigate my criminal background to determine my eligibility for employment with the school system. I release all persons, companies, or corporations furnishing information as part of this background investigation from liability and responsibility.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am employed by the district. I also understand that submitting this information does not guarantee my acceptance for employment by the district.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

SIGNATURE: _____ DATE: _____

Please make check payable to Minnewaska Area Schools for \$15 to cover the cost of the background check.

Minnewaska Area Schools | ISD 2149

25122 State Hwy 28 Glenwood, MN 56334 | 320.239.4820 (option 6)

