

Criminal History Background Check

Independent School District No. 2687

8700 County Road 6 SW, PO Box 708,

Howard Lake, MN 55349 Phone: (320) 543-4646

Date: _____

The Following named individual has made application with the School District for employment or provision of athletic coaching services or other extracurricular academic coaching services.

Full Name of Individual: _____
(Please Print) Last First Middle Intl.

Maiden, Previous, Alias: _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Independent School District #2687 pursuant to Minn. Stat. 123B.03 for the purpose of _____ with this School District.

CONDITIONAL HIRING: I understand that the School District may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching services pending completion of the criminal history background check and acknowledge and agree that my employment or services may be terminated based on the result of the background check.

COPY OF REPORT: I further understand that I have the right to request and obtain from the School District a copy of the background check report and that I may be charged for the actual cost of providing a copy of the report.

EXPIRATION: The expiration of this authorization shall be for a period no longer than five years from the date of my signature. However, I may revoke this authorization sooner by providing written notification of my revocation of this authorization to: Brad Sellner, Superintendent, ISD #2687, PO Box 708, Howard Lake, MN 55349. I understand that revocation of this authorization shall not be effective until received by the School District.

Signature of Applicant or Potential Service Provider Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public.