

Background Check Consent Form (404FRM)
CONFIDENTIAL

Date: _____

The following named individual has applied for employment with this agency:

Last Name (please print) _____
First Name (please print) _____
Middle Name (please print) _____
Maiden, Alias, or Former Name(s) (please print) _____
Date of Birth _____
Social Security Number _____
Sex Male or Female

I authorize the McDowell Agency to disclose criminal history record information to Crosslake Community School pursuant to Minnesota State Statue 123B.03, subdivision 1 for the purpose of employment as a _____ with this agency.

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

Signature of Applicant

Date