ISD 91

Barnum Public Schools

INSPIRING A LIFE LONG CELEBRATION OF LEARNING!

3675 County Road 13, Barnum, MN 55707; District Phone: 218-389-6978

Background Check Consent Form

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

PLEASE PRINT LEGIBLY

Name of Individual: _____
Last First Middle

Maiden/Previous/Alias Names (if any): _____

Date of Birth: _____ Gender: _____
Month/Day/Year

Social Security No.: _____

I hereby authorize Barnum Public Schools ISD 91 to obtain the following information in connection with my application for employment, or, if hired, at anytime during my employment: criminal history records, including Minnesota Bureau of Criminal Apprehension criminal history as provided for in Minnesota Statute 123B.03. By signing this form, I am allowing Trusted Employees, 7900 West 78th Street, Suite 400, Edina, MN 55439 to access any data maintained in these files which applies under the statute and authorize this background check to be performed. I acknowledge that Barnum Public Schools ISD 91 has informed me that it may make use of this information in evaluating my application for employment, and in Barnum Public Schools ISD 91's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with Barnum Public Schools ISD 91. I hereby authorize Barnum Public Schools ISD 91 to make use of the above referenced information and release Barnum Public Schools ISD 91 and any entity that provides information to Barnum Public Schools ISD 91 from liability in connection with this information. **Any offers of employment are contingent upon a satisfactory background investigation.** I authorize the reinvestigation of any of the above information, at any time, during my employment.

I would like a free copy of my background check report. ____ Yes _____ No

_____ _____
Signature of Applicant Date Signed

Signature of Notary: _____ Notary Seal:

Date Witnessed: _____