

AUTHORIZATION FOR A CRIMINAL BACKGROUND CHECK

CENTENNIAL SCHOOL DISTRICT NO. 12
4707 North Road
Circle Pines, Minnesota 55014

Telephone: 763-792-6008

Fax: 763-392-6943

INSTRUCTIONS:

Minnesota Statute §123B.03 requires that people who are offered employment by the school district must submit themselves to a criminal background check by the Minnesota Bureau of Criminal Apprehension. The results of the criminal background check may be used by the school district to determine if you will be hired by the school district.

Please provide the information requested below:

PRINT all requested information except for your signature.

NAME: _____
(Last) (First) (Middle)

PREVIOUS NAMES (Maiden or Alias)

NAME: _____
(Last) (First) (Middle)

DATE of BIRTH: _____
(Month) (Day) (Year)

The Centennial School District has partnered with Trusted Employees to conduct background checks.

I authorize Trusted Employees (with the Minnesota Bureau of Criminal Apprehension) to disclose criminal history record information to Centennial School District No. 12 pursuant to Minnesota State Statute §123B.03 for the purpose of employment with Centennial School District No. 12. The expiration of this authorization shall be for a period no longer than one year from the date of my signature. 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.

(Signature) _____ / _____ / _____
(Month) (Day) (Year)