EMID
EAST METRO
INTEGRATION
DISTRICT 6067

BACKGROUND CHECK CONSENT FORM

BCA Account Number 6513792700

Date: _____

The following named individual has made application with this School District for employment.

Full Name of Applicant: _____

(Please print) Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____ Social Security Number: _____

Month/Day/Year

Race: _____ Sex: ☐ Male ☐ Female

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to East Metro Integration District 6067 pursuant to Minn. Stat. § 123B.03 for the purpose of employment with this school district.

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

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

600 Weir Drive Woodbury, MN 55125

651.379.2679