AUTHORIZATION FOR BACKGROUND SCREENING

Applicant complete:
A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.71. By signing this form you are allowing the City of Corcoran to access any criminal data maintained in these files, and understand that your fingerprints may be used to check the criminal history records of the FBI.

I authorize this check to be done.

Signature of Applicant: _____ **Date**: _____
The expiration of this authorization shall be one year from the date of my signature.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____

(Month/Day/Year)

Race: _____

Phone: _____ **Email Address:** _____

Driver's License #: _____ **State Issued:** _____

I understand that I have the following rights:

1) the right to be informed that the owner will request a background check on the manager to determine whether the manager has been convicted of a crime specified in section 299C.67, subdivision 2,
2) the right to be informed by the owner of the superintendents response to the background check and to obtain from the owner a copy of the background check report,
3) the right to obtain from the superintendent any record that forms the basis for the report,
4) the right to challenge the accuracy and completeness of information contained in the report or record (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34),
5) the right to be informed by the owner if the manager's application to be employed by the owner or to continue as an employee has been denied because of the result of the background check