

Independent School District #390

Lake of the Woods School

P.O. Box 310

Baudette, Minnesota 566232

For Criminal History Background Check

Date: _____

The following named individual has made application with ISD #390 for employment, athletic coaching or supervision of other extracurricular academic activities.

Full Name of Individual:

First Middle Last
(PLEASE PRINT)

Maiden/Previous/Alias: _____

Date of Birth: _____
Month Date Year

Sex (M or F): _____

I, _____
First Middle Last

authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history information to Douglas Sell, Business Manager, Lake of the Woods School, pursuant to Minnesota Statute 123B.03 for the purpose of employment at Lake of the Woods School, ISD #390.

CONDITIONAL HIRING

I understand that Lake of the Woods School, ISD #390, may permit me to commence employment duties, provide athletic coaching services or supervise other extracurricular activities pending the completion of the criminal history background check. I hereby acknowledge and agree that my employment or services may be terminated based on the result of the criminal background check.

The expiration of this authorization shall be for a period no longer than twelve months from the date affixed adjacent to my signature below.

Signature of Applicant

Date

Subscribed and sworn before me this

_____ day of _____, 20____

Seal

Notary Public

*The school district will forward this form along with a check for \$15 and a stamped self-addressed envelope to:
Minnesota Bureau of Criminal Apprehension
Criminal Justice Information System-CHA
1430 Maryland Ave East
St. Paul, MN 55106*