

# 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

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*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*