

# Adrian Public School District #511

410 Indiana Avenue  
PO Box 40  
Adrian, MN 56110-0040

Phone: 507 483-2266  
FAX: 507 483-2342

Date: \_\_\_\_\_

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

Full Name of Applicant: \_\_\_\_\_ (please print)  
(Last First Middle)

Maiden, Previous, Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
(Month/Day/Year)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to *Adrian Public School District #511* pursuant to Minn. Stat. 123B.03 for the purpose of employment/volunteering/chaperoning as with this school district.

**CONDITIONAL HIRING:** I understand that the School District may permit me to commence my employment/volunteer/chaperone 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

The School District will forward this executed form, along with your check or money order in the amount of \$15.00 payable to the MN BCA and a self-addressed, stamped envelope, to:

Minnesota Bureau of Criminal Apprehension

Attention: CJIS

1430 Maryland Ave E

St. Paul, MN 55106-2802