

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