IMPORTANT: Please fill out this form and return to the school office along with a check for $8.00 made out to the "MN BCA". The fee covers the cost of the background check. The school will send in the form.

Informed Consent Form
Relating to Policy 404 Employee Background Checks

AFSA High School
100 Vadnais Blvd.
Vadnais Heights, MN 55127
651-209-3910
Non Profit Acct # T512093910

***Applicant must include a check for $8.00 made out to "MN BCA"**

Date:_____

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

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

Maiden, Previous, Alias:_____

Date of Birth:_____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Independent School District 4074 AFSA High School pursuant to Minn. Stat § 123B.03 for the purpose of employment as_____ _____with this school district.

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

Employee must enclose a check for $8.00 payable to:

MINNESOTA BUREAU OF CRIMINAL APPREHENSION
CJIS-RECORDS
1430 Maryland Ave. E.
St. Paul, MN 55106
651-793-2400

PLEASE ENCLOSE A SELF ADDRESSED ENVELOPE