



Background Check Authorization Form

CAREFULLY READ EACH STATEMENT BEFORE SIGNING THIS FORM.

DATA PRIVACY ADVISORY:

The data supplied on this form will be used to assess the qualifications for employment. Except for the position set forth in Minn. Stats. 364.09, the city will not reject an application for employment on the basis of the applicant's prior conviction of a crime or crimes unless the crime(s) are directly related to the position of employment sought and the conviction is for a felony, gross misdemeanor, or misdemeanor with a jail sentence.

INFORMATION WILL BE USED FOR EMPLOYMENT PROCESSING ONLY

Last Name:	First Name:	Middle Name:
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Street Address:	City:	State:	Zip Code:
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Date of Birth:	Social Security Number:	Driver's License Number:	Driver's License State:
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Gender: <input type="radio"/> Male <input type="radio"/> Female	Preferred or Former Names:
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ANOKA COUNTY SHERIFF'S OFFICE ADMINISTRATION

Background check will include: Criminal History, Driver's License Check, Outstanding Warrant Check, Court Records and Anoka County Records.

I, _____ do hereby authorize the Anoka County Sheriff's Office to disclose all background check information as stated above to the Human Resources Office for the purpose of employment with the City of Nowthen.

Signature: _____ Date: _____