

## AUTHORIZATION FOR RECORDS CHECK

To facilitate the verification of information contained within your employment, volunteer or contract for services application, a criminal history check will be made with the Minnesota Department of Public Safety, Bureau of Criminal Apprehension (BCA), local law enforcement agencies or other repositories of criminal history data. The criminal history check may disclose both adult and juvenile records. The information you are being asked to provide will be used to assure that an accurate inquiry of the records systems can be made through all law enforcement records and data bases, in whatever format. You are not legally obligated to provide this information, however we will be unable to allow you to continue in the process without the data. The information requested in this authorization is classified as private under the Minnesota Data Practices Act and will only be used for the purpose specified.

Check the appropriate box: ☐ Emplo	yee     Volunteer	☐ Contract	Employee	
Name:				
(Last)	(Full Fi	(Full First)		
Date of Birth: / / (Month) / (Day) / (Year)	_ Gender:	☐ Male	☐ Female	
Race: African-American Caucasian Native	American Indian or A	_	☐ Asian ☐ Hispanic or Latino	
States of residence over the last ten	years:			
,,				
Specify any other names you have go inapplicable.  Specify your driver's license number				
Number:	Sta	State of Issue:		
I authorize the City of Bloomington t continuing employment, volunteerism conduct an annual records check to	m or contracted service determine my continue	s, I authorize the d qualification.	City of Bloomington to	
Signature:		Date:		
☐ I do not consent to a records check.				
Signature:		Date:		