

For Criminal History Background Check  
Blackduck Public School  
PO Box 550  
156 1<sup>st</sup> Street NE  
Blackduck, MN 56630  
218-835-5202

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

The following named individual has made application with this School District for employment or provision of athletic coaching services or other extracurricular academic coaching services.

Full Name of Individual: \_\_\_\_\_  
(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 all criminal history record information to \_\_\_\_\_  
pursuant to Minn. Stat. § 123B.03 for the purpose of \_\_\_\_\_  
\_\_\_\_\_ with this School District.

**CONDITIONAL HIRING:** I understand that the School District may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching services pending completion of the criminal history background check and acknowledge and agree that my employment or services 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 or Potential Service Provider

\_\_\_\_\_  
Date

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

*The School District should forward this executed form, along with a 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  
Criminal Justice Information Section  
Attn: Record Checks  
1430 Maryland Avenue E.  
St. Paul, MN 55106*