

ST. LOUIS COUNTY SCHOOLS

Independent School District No. 2142

1701 North 9th Avenue
Virginia, MN 55792
Tel: (218) 749-8130, extension 1106
Fax: (218) 749-8133

TO: Prospective Employees
FROM: Payroll/Personnel Coordinator
RE: Background Check

St. Louis County Schools will request the Superintendent of the Minnesota Bureau of Criminal Apprehension (BCR) to perform a background check on you pursuant to the Minnesota Child Protection Check Act, Minnesota Statutes 299C.62 et. Seq.

As the subject of the background check request, you have the following rights:

- To be informed that a background check is being requested about you for the purpose of your application to be employed by St. Louis County Schools (or continuing as an employee).
- To be informed by St. Louis County Schools of the BCR's response to the background check.
- To obtain from St. Louis County Schools a copy of the background check report.
- To obtain from the BCR any record that forms the basis for the background check report.
- To challenge the accuracy and completeness of any information contained in the background check report or record pursuant to Minnesota Statutes Section 13.04(4).
- To be informed by St. Louis County Schools if your application to be employed by St. Louis County Schools (or continue as an employee) has been denied because of the background check request.

Please fill out the enclosed consent form and return it to me along with a check or money order in the amount of \$15.00 payable to "Minnesota Bureau of Criminal Apprehension." If you have already had a background check completed elsewhere, a copy of that report may be provided to St. Louis County Schools.

Minnesota Statute 123B.03 Informed Consent
Independent School District No. 2142
1701 9th Avenue North
Virginia, MN 55792
218-749-8130

Date _____

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

Full name of applicant: _____
Last First Middle

Address: _____

Phone Number: _____

Maiden, previous or alias: _____

Social Security Number of Applicant: _____

Date of birth: _____
Month/Day/Year

I hereby request/authorize the Minnesota Bureau of Criminal Apprehension to conduct a criminal background check of me through their records. This information shall be sent to:
Payroll/Personnel Coordinator - School District ISD#2142 pursuant to Minnesota Statute 123B.03 for the purpose of employment as _____ with this school district.

School Location: _____

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