Tri-County School, #2358
303 Pembina Trail St. S.
Karlstad, MN 56732
1-218-436-2261

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:_____ 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 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