NON PROFIT ORGANIZATION
T126745210

Criminal Background Check
Independent School District No. 138
38705 Grand Avenue
North Branch, MN 55056
651-674-1000

Date: _____

The following named individual has made application with this school district for provision of employment, athletic coaching services or other extra-curricular academic services, substitute, or volunteer services.

Full Name of Individual: _____
(please print) Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Check one of the following:

____ I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to North Branch Area Public Schools pursuant to Minn. Stat. §123B.03 for the purpose of _____ with this school district.

or

____ I am attaching a copy of a verified Minnesota Bureau of Criminal Apprehension background check conducted within the last two years.

CONDITIONAL SERVICE: I understand that the school district may permit me to commence my employment, athletic coaching services or other extra-curricular academic services, substitute, or volunteer services pending completion of the criminal history background check and acknowledge and agree that my services may be terminated basted 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 Republic

Please submit the following to your school secretary, department secretary, or district office at least three weeks prior to the beginning of your service:

✔Background Check Form; and

✔Check for $15.00 payable to Bureau of Criminal Apprehension (BCA)

Thank you for serving North Branch Area Public Schools!

Revised 11/17/14