

Criminal History Background Check
Cass Lake-Bena School District #115
208 Central Avenue NW
Cass Lake, Minnesota 56633

Date _____

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

Full Name of Individual: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____ **Male:** _____ **Female:** _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Superintendent of the Cass Lake-Bena School District pursuant to Minnesota Statue 123B.03 for the purpose employment/coaching/volunteering 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 extra-curricular 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

For Office Use Only:
The School district should forward this executed form, along with a check 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 Systems – CHA
1430 Maryland Avenue East
St. Paul, Minnesota 55106