

NON-SWORN PERSONNEL

Directions for Completing the Background Form

1. Read and sign the Data Practices Advisory which immediately follows this page.
2. When completing the remainder of this form, please print clearly. Use only black ink.
3. A set of releases is contained at the end of the form. Please complete the proper release forms as indicated in the background investigation form. **You will need to complete the entire form, including name of person/business that you want to release the information.** You will have to copy extra releases. Therefore, complete the background investigation form first and then determine the type and number of releases you will need before completing them. Address each release form completely including the zip code. Each form must contain an original signature, not a photocopy.
4. If you find that there is not adequate space to answer a specific question, provide as much information as space permits. Then continue your response on individual sheets of paper. Include the number of the question and maintain the same format as in the background investigation form.
5. If a question does not apply to you, please write N/A (not applicable).
6. Include any requested documents.
7. **It is your responsibility to make any additional copies of the release forms that your background application may require.**
8. Complete and mail or drop off the completed packet to the **St. Cloud Police Department, Attention Sergeant Dawn Shattuck**. If you are unable to obtain documents necessary for the completion of the form by then, they must be sent to the police department at the earliest possible date. If you have any questions regarding the completion of this form, please contact Sergeant Dawn Shattuck at (320) 345-4395, St. Cloud Police Department, 101-11th Avenue North, St. Cloud, Minnesota 56303.

ADVISORY FOR BACKGROUND FORM

The background investigation form is to be completed to assist us during an investigation to determine whether to select you for a position with the St. Cloud Police Department.

Certain information requested on the application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. Ch. 13.01 et seq., and may be released only to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information on the form is private: your name; your address; your telephone number. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so, we will not be able to process your application or consider you for appointment to a position.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
5. To enable us to ensure you rights to equal opportunities and to meet affirmative action goals;
6. To meet federal reporting requirements; and
7. To make processing more efficient.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: Veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. The remainder is private. If you are certified as eligible or become a finalist, your name becomes public.

I have read and understand the information stated above.

Signature

Date

ADVISORY FOR PROTECTED INFORMATION FORM

Read this advisory before completing this form:

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name.
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names.
3. Date of birth.
4. Your race.
5. Your sex.

The purpose and intended use of this data is to conduct the background checks. The specific use of each category of data is described below:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is known must be listed.
2. In order to complete and send for evaluation fingerprint cards as required by statute, the race and sex of the person fingerprinted must be entered on the fingerprint card.
3. In order to access criminal history data, date of birth, race, and sex must be supplied.

You are not legally required to provide the requested information. However, if you do not, the agency will be unable to conduct the required background checks and will be unable to process your application, and the agency will not be able to consider you for appointment.

The data will be available to you and to those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rule, or ordinance but will be disseminated only as required by law.

If you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public.

I have read and understand the information stated below.

Signature

Date

PROTECTED INFORMATION FORM

Please read carefully the data practices advisory form attached. After reading, please sign and date the form.

Forward both the signed data practices advisory and the protected information form to St. Cloud Police Department, Professional Standards Division, 101-11th Avenue North, St. Cloud, Minnesota 56303. These forms should be mailed together with the background information form.

FULL NAME:

DATE OF BIRTH:

RACE:

SEX:

List any and all other names by which you are or have been known.

BACKGROUND INVESTIGATION INFORMATION

SECTION 1: PERSONAL DATA

1. Full Name _____
2. Where were you born? _____
3. Give any other names you have used or been known by and give reasons for change. (If none, so state) _____

4. Social Security Number _____
(Required for credit check and fingerprints. Complete only page two of Type V Release Form. Do not send money. Return form to the St. Cloud Police Department.)
5. U.S. Citizenship Status _____ Yes _____ No (P.O.S.T. License Requirement)

SECTION 2: RESIDENCE

6. Where do you now reside? _____

(City) (County) (State) (Zip Code)
Telephone Number _____
7. In chronological order, state each and every place in which you have lived during the past five (5) years, beginning with your present address. (Include all addresses while you were in school and the military.) If it was a rental residence, list the name, address and phone number of the resident manager and/or property manager. Complete a Type I Release Form.

From Month/Year _____ To Month/Year _____
Full Address _____
Name _____ Phone Number _____
Address _____

From Month/Year _____ To Month/Year _____
Full Address _____
Name _____ Phone Number _____
Address _____

From Month/Year _____ To Month/Year _____
Full Address _____
Name _____ Phone Number _____
Address _____

SECTION 2: RESIDENCE (Continued)

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

From Month/Year _____ To Month/Year _____

Full Address _____

Name _____ Phone Number _____

Address _____

SECTION 3: MOTOR VEHICLE, DRIVER'S, BUSINESS AND OCCUPATIONAL LICENSE HISTORY

8. Do you now or have you ever possessed a Minnesota driver's license? Yes No
 If yes, complete the following:
 Driver's License Number: _____ Type of License: _____
9. Do you now or did you ever possess a driver's license issued by any state other than Minnesota?
 Yes No If yes, provide the following information:
 Name of state: _____ Type of license: _____
 Period license was held: _____
10. Have you ever possessed a professional or occupational license, permit or certificate (excluding peace officer license)? Complete a Type I Release Form if you answer yes.
 Yes No If yes, give details: _____

11. Are you now engaged in any business as an owner (active or silent), partner, stockholder, or corporate member?
 Yes No If yes, give details: _____

SECTION 4: LITIGATION

12. As an adult, have you ever been convicted for any violation of the criminal law (excluding parking violations)? This includes convictions and records which have been expunged or sealed. Minnesota Statutes 299C.13 and 364.09 allow law enforcement agencies to consider this information in the selection process.
 Yes No If yes, complete the information below:

Date	Violation	Location	Court Disposition	Police Agency

SECTION 4: LITIGATION (Continued)

13. Were you ever a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? This would include bankruptcy, divorce, custodial hearings, etc.? _____ Yes _____ No Indicate below every civil action or proceeding.

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent	Court Disposition

14. Have you ever been arrested or named as a defendant in a criminal proceeding?
 _____ Yes _____ No If yes, give details: _____

SECTION 5: MILITARY AND SELECTIVE SERVICE

15. Are you now or have you ever been a member of the military service? _____ Yes _____ No
16. Give branch of service: _____
 Military Specialty: _____
17. Rank held: _____ Service Serial No. _____
 Name of commanding officer at time of discharge: _____
18. Did you ever apply for the military, but were later disqualified from the testing process? (Do not include medical information.) _____ Yes _____ No If yes, please explain: _____

19. How many discharges or separations from the service were given to you?
 Discharges _____ Separations _____
20. What is the type of your discharge(s) or separation(s): (honorable, dishonorable, honorable conditions) Be exact. (Do not include medical information. If medical, answer NA.)
 _____ Reason: _____

SECTION 5: MILITARY AND SELECTIVE SERVICE (Continued)

21. Has your discharge or separation notice ever been corrected or changed? Yes No
22. What was the nature of the change? Changed from _____
to _____
23. Were you ever court-martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?
 Yes No Give details of charges, agency concerned, dates and dispositions:

24. If you are a male and were born after 1960, have you registered with the Selective Service?
Yes No If yes, provide Selective Service Number: _____
If no, please explain why: _____
25. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?
Yes No If yes, active or inactive: _____
Branch _____ Regiment _____ Unit _____
Rank _____ Address _____

From _____ To _____

SECTION 6: EMPLOYMENT

26. Were you ever discharged or asked to resign from employment? Yes No
If yes, please complete the following:

Employer	Date Left	Reason For Leaving

27. Were you ever subjected to disciplinary action in connection with any employment?
 Yes No If yes, please explain: _____

SECTION 6: EMPLOYMENT (Continued)

28. PRESENT EMPLOYMENT:

Present Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Date Hired: _____

Immediate Supervisor: _____

Starting Job Title: _____ Starting Salary: _____

Current Job Title: _____ Current Salary: _____

Current Job Duties: _____

Can your current employer be contacted prior to a job offer? _____ Yes _____ No

If no, please explain: _____

29. List below in order (most recent to least recent) each and every place you were previously employed. OMIT NONE. Give correct full addresses. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment. Attach additional sheets as necessary.

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

SECTION 6: EMPLOYMENT (Continued)

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

SECTION 6: EMPLOYMENT (Continued)

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

Past Employer: _____
(Name of Company)

Company Address: _____
(Street Address, City, State) (Zip Code)

Telephone Number: _____ Immediate Supervisor: _____

Employed From: _____ To: _____ Hours Per Week: _____

Starting Salary: _____ Ending Salary: _____

Job Title and Job Duties: _____

Reason for leaving: _____

30. Complete a Type I Release Form and a Type VI Release Form for every past and present employer you listed.

SECTION 7: EDUCATION

31. List chronologically (earliest dates first) all high schools you have attended.

Name of School & Address	From mo/yr	To mo/yr	Highest Grade Completed	Curriculum

32. List chronologically (earliest dates first) all colleges, trade, vocational-technical schools you have attended:

Name of School & Address	From mo/yr	To mo/yr	Curriculum	Credits	Grade Point Average	% Expense Paid by You

33. What college or trade school degree (s) or certificate (s) do you possess? _____

Undergraduate Major: _____

Grade Point Average in Undergraduate Major: _____

Number of Credits Required for Degree: _____

Total Credits Achieved Towards Degree: _____

Graduate Major: _____

34. List all extracurricular activities (i.e. student government, sports teams and clubs) in which you participated regularly during high school and college:

School	From mo/yr	To mo/yr	Activity	Position Held

SECTION 7: EDUCATION (Continued)

35. List below every professional or social organization in which you are or were a member. (Do not include activities and clubs you have listed under question 34.)

Name of Organization & Address	From mo/yr	To mo/yr	Type of Organization

36. Other than English, what language (s) do you:

Speak: _____

Understand: _____

37. List any problems with school (absenteeism, tardiness, poor grades, other disciplinary problems), including college:

Date	School	Problem	Brief Explanation

38. List all educational internships you participated in.

School	From mo/yr	To mo/yr	Name of Organization, Address and Telephone Number	Position	Supervisor

39. List all awards received from high school and college:

School	Date	Award	Reason

SECTION 7: EDUCATION (Continued)

40. List all medals and decorations awarded you as a member of the armed forces: _____
- _____
- _____
- _____

SECTION 8: REFERENCES

41. List names of three friends and/or associates. Do not include former employers or school teachers. Complete Release Form Type I for each.

Name	Occupation	Phone Number
Full Address		

Name	Occupation	Phone Number
Full Address		

Name	Occupation	Phone Number
Full Address		

SECTION 9: FINANCIAL

42. Do you have a savings, checking, or money market account? Yes _____ No _____
If yes, complete the following:

(Complete a Type I Release Form for each institution. Please include the account number and type of account after the name listed on the release. Also, complete Type III Release Form.)

SECTION 9: FINANCIAL (Continued)

Name of Institution/Address	Account #	Account Type

43. **Financial Obligations.** Give the names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, and any other debts and payments. Include account numbers where applicable. Complete a Credit Report Release Form IV.

Type	Name and Address of Creditor	Account #	Total Balance	Monthly Payment

SECTION 10: SOCIAL NETWORKING

44. List ALL email addresses that you currently have active:

45. Please list any user names for websites that support profiles or blogs that you currently use, or have used in the past. Examples of these include, but are not limited to : Facebook, Twitter, LinkedIn, MySpace, Flickr, or other social media sites:

Host Site	User Name

I certify that all of the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal if employed.

(Signature of Applicant)

(Date)

General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

TO: _____

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the St. Cloud Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the St. Cloud Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

(Signature)

(Date)

Release for
Financial Information

TO: _____

As a part an internal investigation, I request and authorize you to release any and all information concerning my financial accounts with this institution. Please send this information to:

St. Cloud Police Department
101-11th Avenue North
St. Cloud, MN 56303

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the department or to you.

(Signature)

(Date)

NOTICE TO PROSPECTIVE EMPLOYEE

Thank you for your employment application. In order to fully evaluate your employment application, a credit report prepared by a credit reporting agency may be obtained.

Under Minnesota Law, you have the right to receive a free copy of your credit report from the credit reporting agency if one is obtained by your prospective employer.

If a credit report is not obtained, you will not receive a free credit report as a result of this application for employment. Please complete the following information:

Date of Application _____

Full Name _____

Former Name _____

Social Security Number _____

Present Address _____

Former Address _____

Signature _____

Please check the appropriate line:

_____ I do not wish to receive a copy of my credit report.

_____ If a credit report is obtained, please send me a free copy.

-----Prospective Employer Section-----

Company Name _____

_____ No Credit Report Obtained

_____ Credit Report Obtained Date _____ Time _____

Requested By _____

If applicant is entitled to a free credit report, fax this notice to 713-878-1974.

-----For Credit Reporting Agency Use Only-----

Date Copy of Credit Report Mailed _____ Time _____ By _____

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATIONForm Approved OMB No.
0960-0525

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR**2. Certified Yearly Totals of Earnings**

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM FOR:**Non-certified yearly totals of earnings**

This service is free to the public.

These totals can be obtained by calling 1-800-772-1213 to receive Form SSA-7004, Request for Social Security Statement

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 11 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to:* SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

INFORMATION ABOUT YOUR REQUEST

- **How Do I Get This Information?**

You need to complete the attached form to tell us what information you want.

- **Can I Get This Information For Someone Else?**

Yes, if you have their written permission. For more information, see page 3.

- **Who Can Sign On Behalf Of The Individual?**

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

- **Is There A Fee For This Information?**

1. Certified/Non-Certified Detailed Earnings Information

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Totals of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

1. From whose record do you need the earnings information?

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____ Social Security Number _____
Other Name(s) Used _____ Date of Birth _____
(Include Maiden Name) (Mo/Day/Yr)

2. What kind of information do you need?

For the period(s)/year(s): _____

Detailed Earnings Information
(If you check this block, tell us below why you need this information.)

Certified Yearly Totals of Earnings (Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Social Security Statement)

For the year(s): _____

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3 A. \$ _____

Yes _____ No _____

Do you want us to certify the information?
If yes, enter \$15.00

B \$ _____

ADD the amounts on lines A and B, and enter the TOTAL amount C \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration" DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here _____ Date _____
(Do not print) > _____
Daytime Phone Number _____
(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name _____ Address _____
City, State & Zip Code _____

6. Mail Completed Form(s) To: **Exception:** If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration Social Security Administration
Division of Earnings Record Operations Division of Earnings Record Operations
P.O. Box 33003 300 N. Greene St.
Baltimore, Maryland 21290-3003 Baltimore, Maryland 21290-0300

AUTHORIZATION FOR RELEASE
OF EMPLOYMENT INFORMATION

TO: _____

FROM: _____

I, _____, am an applicant for a position with the St. Cloud Police Department. A thorough investigation of my employment background and personal history is being conducted to evaluate my qualifications and suitability for employment.

I hereby authorize any representative of the St. Cloud Police Department bearing this release to obtain any and all information, written or oral, related to my current or past employment with your company. This includes, but is not limited to written information relating to the job application, written and oral test scores, performance evaluations, attendance records, any internal affairs investigations and disciplinary actions of me, complaints or grievances filed by or against me, eligibility for rehire, and completed background investigations. This would include any and all files that may be deemed private and/or confidential and any that may be sealed. I release you and your company from any liability for disclosing such information regardless of any agreement I may have made with you previously to the contrary.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and Minnesota Statute 13.05, Subd. 4, the Minnesota Data Practices Act, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the St. Cloud Police Department in conjunction with employment procedures. A valid release for data which you and your company may have created, collected or maintained accompanies this release.

This Authorization and Release form complies with Minnesota Statute 626.87, which requires employers to disclose or otherwise make available for inspection employment information of an employee or former employee who is the subject of a lawfully required background investigation. Current and former employers, in the absence of fraud or malice, are immune from civil liability for employment information released to a law enforcement agency. Failure to disclose information as requested may result in disclosure ordered by the court. Failure to comply with the court order may result in civil or criminal contempt of court.

This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel the authorization by providing written notice to the St. Cloud Police Department or to you of that fact.

Applicant's Signature

Date

Applicant's Printed Name

Requesting Background Investigator

Date

General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

TO: BOARD OF PARDONS

I, _____, hereby authorize and grant my informed consent to permit you, the Board of Pardons, to release to and make available to the St. Cloud Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the St. Cloud Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

(Signature)

(Date)

**INFORMED CONSENT RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA**

Please print Legibly. Use your complete name, including your middle name.

First Name: _____ Middle Name: _____ Last Name: _____

Maiden or Former Last Name(s) _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the St. Cloud Police Department any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

This information is to be used for applicant or employee screening.

I hereby release the Minnesota Bureau of Criminal Apprehension and the St. Cloud Police Department from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

TO: Law Enforcement Agencies, including but not limited to: Sherburne County Sheriff, Benton County Sheriff, Stearns County Sheriff, Waite Park Police, Sauk Rapids Police, Sartell Police, St. Joseph Police, Minnesota State Patrol, and Department of Natural Resources

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the St. Cloud Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the St. Cloud Police Department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

(Signature)

(Date)