

CONSENT FOR CRIMINAL BACKGROUND CHECK

List all names you have used in your lifetime:

Full Name: _____
 First Middle Last

Full Name: _____
 First Middle Last

Full Name: _____
 First Middle Last

Full Name: _____
 First Middle Last

List all states in which you have lived or worked in your lifetime: _____

Hay you have ever been convicted of any a felony, gross misdemeanor, or
misdemeanor? ____ yes ____ no

If yes, please give a description of the crime and the particulars of the
conviction (what, when, where). Attach additional sheets if necessary. _____

Notice of Rights

I have been given written notice of the purpose of the background check and of my rights under Minnesota Child Protection Background Check Act, Minnesota Statutes Section 229C.60, et seq., as follows:

1. The County will be requesting that the Superintendent of the Bureau of Criminal Apprehension (BCA) conduct a background check on me pursuant to Minn. Stat. § 120.1045 and 299C.60, et seq. for the purpose of:
 - a. My application for employment or volunteer opportunities with the County or continuing my employment or volunteer opportunities with the County; and
 - b. To determine whether I have been convicted of any crime specified in Minn. Stat. § 299C.61, Subds. 2 or 4.
2. I have the right to be informed by the County of the BCA's response to the background check and to obtain a copy of the background check report from the County.
3. I have the right to obtain from the BCA copies of any records which form the basis of the BCA background check report.
4. I have the right to challenge the accuracy and completeness of the information contained in the report, pursuant to the requirements of Minn. Stat. § 13.04, Subd. 4.
5. I have the right to be informed by the County if my application for employment or volunteer opportunities or continued employment or volunteer opportunities have been denied as a result of the BCA report.

I hereby authorize the Dodge County Sheriff's Posse to request the Minnesota Bureau of Criminal Apprehension (BCA) and/or the Federal Bureau of Investigation (FBI) to perform a background check on me pursuant to the Minnesota Child Protection Background Check Act, Minnesota Statutes Section 299C.60, et seq.

The County is requesting a federal check pursuant to Minnesota Statute § 299.62 on this individual as well. (County must check this box if requesting federal check and attach fingerprint card) Please note that the federal check will take six to eight weeks to complete.

ACKNOWLEDGEMENT AND WAIVER

I hereby acknowledge that any conditional job offer may be withdrawn or my employment terminated based on the results of a criminal background check which are unacceptable to the County, whether or not I have begun to perform services for the County. I hereby specifically waive any rights I may have to a hearing on the issue of the termination of my employment with the County under the Veterans Preference Act (Minn. Stat. § 197.46) or any other statute or contract or to any contractual right to employment with the County if the termination is based upon the results of either the state or federal criminal background check and occurs within thirty (30) days of the County's receipt of the results of the check.

I further acknowledge that providing false, inaccurate or incomplete information on this form shall be considered misconduct and may subject me to termination of my employment, if any, with the County.

This authorization is valid for one year.

Date: _____

Signature

* Contact the BCA to determine the current fee for both state and federal background checks. The fee must be made payable to the Minnesota Bureau of Criminal Apprehension.

**INFORMATION TO BE FORWARDED TO THE BCA ONLY
A COPY SHOULD NOT BE RETAINED OR REVIEWED
BY THE EMPLOYER**

The following information is needed by the Bureau of Criminal Apprehension to complete a criminal background check. The information will not be used for any other purpose:

Date of Birth: _____
 Month Day Year

Social Security Number: _____

Gender: Male ___ Female ___

Drivers License # _____

Racial/Ethnic Group: If you are multi-racial, please choose one race you most closely identify with:

___ **White** : All persons having origins in any of the peoples of Europe, North Africa or the Middle East.

___ **Black**: All persons having origins in any of the Black African racial groups.

___ **Asian or Pacific Islanders**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

___ **American Indian or Alaskan Native**: All persons having origins in any of the original peoples of North American who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.

___ **Hispanic**: All person of Mexican, Puerto Rican, Cuban or South American or other non-European Spanish culture or origin (regardless of race).