

**NORTHFIELD PUBLIC SCHOOLS**  
**Northfield, Minnesota**

**INFORMED CONSENT FORM**

Date: \_\_\_\_\_

The following named individual has made application with this School District for employment.

Full Legal Name of Applicant: \_\_\_\_\_  
(please print given name)                      Last                      First                      Middle

\_\_\_\_\_  
Address    City                      State                      Zip

Maiden, Previous, Alias: \_\_\_\_\_

Social Security Number: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_  
Month/Day/Year

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension and/or the district's preferred vendor to disclose all criminal history record information to Northfield Independent School District No. 659 pursuant to Minn. Stat. §123.B.03 for the purpose of employment as

\_\_\_\_\_ with this school district.

I have resided my entire life in the State of Minnesota: \_\_\_\_ Yes \_\_\_\_ No\*

\*If no, list the address (city, state, zip) of the places you have lived for the past 7 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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. My signature also confirms that I have received and read the District's Policy #404, Employment Background Checks. I understand that there will be a Background Check fee of \$40 deducted from my first paycheck (for new employees).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

404-4F  
(Updated 07/01/2011)

**For Office Use Only**

School or College: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_