

St. Paul School District 45 Consent for Criminal Background Check

Your signature below authorizes St. Paul School District and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts and corrections agencies.

Please complete all the information below:

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names: _____
(Maiden, alias', legal name changes, etc)

DOB: _____ DL# _____ State _____

Previous Address in the past 7 years:

Have you ever been convicted of any crime? _____ Yes _____ No If yes, please explain:

Applicant's Signature: I have reviewed and completed this form as applicable to me. I give St. Paul School District permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of Applicant: _____

Signature of Witness: _____

Date: _____

Discrimination in the St. Paul School District is prohibited. Recognizing its legal, as well as social obligation to make equal employment opportunity a reality, the St. Paul School District hires and promotes without general regard to race, color, gender, national origin, religion, age or mental or physical disability or other legally protected status.