

Informed Consent Background Study
Someplace Safe (non-profit) – Acc# T187393486
PO Box 815
Fergus Falls, MN 56538-0815
Attn: Lori Hanson, 218-739-3486 Ext. 446

Date: _____ Program/Location: _____

The following named individual has made application with this agency for employment

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

Maiden, Alias or Former(please print): _____

Maiden, Alias or Former(please print): _____

Date of Birth: _____ **Sex (M or F):**
Month/Day/Year

Social Security Number _____

Driver's License #: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Someplace Safe for the purpose of employment and/or volunteering with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Please check this box if you would like a copy of your background check

Signature of Applicant _____ **Date** _____

Notary:

Someplace Safe Administration Office Only - Mail to:
Minnesota Bureau of Criminal Apprehension
Minnesota Justice Information Services
ATTN: Record Checks
1430 Maryland Ave. E.
St. Paul, MN 55106