

Informed Consent Background Study
Someplace Safe (nonprofit) – Acc# T187393486
PO Box 815, Fergus Falls, MN 56538-0815

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: _____ **Gender:** _____
Month/Day/Year:

Social Security Number: _____

Driver's License Number: _____

Email Address: _____

Address (street): _____

Address (city, state, zip): _____

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** _____

(Thrift Store background checks do not need to be notarized)

Notary:

For Someplace Safe Administration Office Use Only

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