



**Submit completed form to:
 Human Resource Department
 360 Colborne Street
 St. Paul, MN 55102**

*In care of: RHR/Trusted Employees
 701 5th Street South
 Hopkins, MN 55343*

Student Teacher Background Check

Permission and Release Form for Background Investigations for New Employees

First Name	Middle Name	Last Name	Former Name(s)/Alias & Date of Change	Gender (M/F)
Street Address			City/Town	State, Zip Code
Social Security Number			Driver's License Number and State	Date of Birth (Mo/Day/Year)

I hereby authorize the Saint Paul Public Schools to obtain the following information in connection with my application for employment, or, if hired, at any time during my employment: criminal and/or motor vehicle records, employment records, **Minnesota Bureau of Criminal Apprehension criminal history as provided for in Minnesota Statute 123B.03**, educational records, consumer reports, consumer investigative reports including credit reports obtained through a consumer reporting agency, personal references and other job related data provided on this application or via the interview process. By signing this form you are allowing the above named company/individual to access any data maintained in these files which applies under the statute and authorize this background check to be performed. I acknowledge that Saint Paul Public Schools has informed me that it may make use of this information in evaluating my application for employment, and in Saint Paul Public School's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with Saint Paul Public Schools. I hereby authorize Saint Paul Public Schools to make use of the above referenced information and release Saint Paul Public Schools and any entity that provides information to Saint Paul Public Schools from liability in connection with this information. Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment.

I understand that if I accept a position with Saint Paul Public Schools, I agree to a onetime \$22.00 at the time of submission of the background check.

You will receive a copy of the background investigation obtained by Saint Paul Public Schools. You may also request additional information on the nature of the report upon written request to the consumer reporting agency.

Listed below are addresses where I have lived in the past seven- (7) years.

	<u>Address</u>	<u>City, State and Zip Code</u>	<u>Date: From</u>	<u>Date: To</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Signature _____

Date _____