

Please find attached ISD 622's background check authorization form. When completing the form, please ensure that students list even minor offenses as well as any address they've had in the last 7 years – even temporary or college addresses. Please feel free to contact me with any questions you may have. Thanks!

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School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow

BACKGROUND INVESTIGATION AUTHORIZATION FORM- JA / DF/ JM / MY

HR Dept Use Only	<input type="checkbox"/> Cash/Check Amount: _____ (initial) Date Ordered/Initial _____
	<input type="checkbox"/> Payroll Authorization _____ (initial) Actual Cost \$ _____
	<input type="checkbox"/> Charge to account: _____ Date Completed _____

Instructions: Check one box and provide details for the purpose of this background check.

____ New Hire (\$50)	____ Student Teacher (\$50)	____ Volunteer (no charge)
Title _____	Building _____	Purpose _____
Building _____	Supervising Teacher _____	Building _____
Supervisor _____	Student Teaching Dates _____	Supervisor _____

A background investigation may be conducted as part of our screening and hiring process. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided. In addition, if a report is made, you have the right to request details of the report from the consumer reporting agency. ****Independent School District 622 does not accept copies of background reports from other sources nor do we share the results of our background reports with others.**

The items of information requested below are needed to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

IMPORTANT: Failure to submit all requested information may result in an incomplete report and prohibit our ability to hire you. **This form is two-sided.**

Applicant Data

<input type="checkbox"/> I would like a copy of my report. My email address is: _____
<input type="checkbox"/> I would like a copy of my report but do not currently have an email address.
Applicant's Name (First, Middle, Last): _____
Applicant's Date of Birth (MM/DD/YYYY): / /
Social Security #: _____ Current Phone #: _____

Other Names Used (including maiden name)	Date name changed (MM/DD/YYYY)
_____	/ /
_____	/ /

Applicant History

Have you ever been charged with or convicted of a Felony or Misdemeanor (which includes minor offenses such as traffic offenses) crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what county and year?
**Failure to disclose any and all Felonies or Misdemeanors may result in termination of employment	
If Yes, Please Explain:	

**Resident Addresses for the Past Seven (7) Years:
--PLEASE LIST YOUR CURRENT ADDRESS FIRST--**

From (MM/YYYY):	/	To: Present	
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

From (MM/YYYY):	/	To (MM/YYYY):	/
Street Address:			
City:	State:	Zip:	County:

I authorize North St Paul-Maplewood-Oakdale Independent School District 622 and/or Verified Credentials, Inc. and their agents to investigate my background as it pertains to employment considerations. This may include investigations of employment history and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, monitor vehicle data and worker's compensation. I release all persons, companies or corporations furnishing such information from liability and responsibility. A Photostat copy of this document may be substituted for the original.

Printed Full Name of Applicant: _____

Signature of Applicant: _____ Date: ____/____/____