

I.S.D. #279 Osseo Area Schools
Background Investigation Authorization Form

Independent School District 279 Osseo Area Schools conducts a consumer background check as part of the screening and hiring process. The background check is conducted pursuant to Minnesota State Statutes §123B.03 and §299C.60 and is required to be employed or to continue employment with the District.

PLEASE PRINT: Full Name of Applicant:

Last	First	Middle
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Maiden, Previous, Alias: _____ Year changed: _____

Date of Birth: _____ Male: ____ Female: ____ Social Security # _____

Address: _____ City: _____ State: ____ Zip: _____ County: _____

Have you ever been convicted of a felony and/or misdemeanor crime? You MUST list ANY and ALL convictions no matter how long ago. This includes but is not limited to, any misdemeanors, petty misdemeanors, and/or felonies.

Felony: ____no ____yes: year, state & county: _____

If yes, please explain: _____

Misdemeanor: ____no ____yes: year, state & county: _____

If yes, please explain: _____

List resident addresses for the past 5 years:

Street Address	City	State	Zip	From(mo/yr)	To(mo/yr)
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I authorize Osseo Area School District 279 and/or The McDowell Agency, Inc. and their agents to investigate my background as it pertains to employment considerations. I release all persons, companies or corporations furnishing such information from liability and responsibility. A photocopy of this document may be substituted for the original. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.

Signature of Applicant

Date