

ST. LOUIS COUNTY



GENERAL
BACKGROUND INVESTIGATION
QUESTIONNAIRE

NAME OF APPLICANT:

NAME OF POSITION:

Please return to:

Martha Watson
ST. LOUIS COUNTY
Employee Relations Department
100 NORTH 5TH AVENUE WEST, #1
DULUTH, MN 55802-1297

Revised 1/2009

ST. LOUIS COUNTY



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Revised 1/2009

DIRECTIONS FOR COMPLETING THE BACKGROUND QUESTIONNAIRE

1.	Read and sign the Data Practices Advisory which immediately follows this page.
2.	When completing this Background Questionnaire, please <u>print clearly</u> .
3.	<p>A set of blank releases are attached at the end of this packet. Please complete, sign and return the proper releases as indicated in the Background Questionnaire subdivisions. You will have to make extra copies of the releases for each entity you are authorizing to release data. Therefore, complete the Background Questionnaire first and then determine the type and number of releases you need to complete. Return the completed release forms with your Background Questionnaire to:</p> <p style="text-align: center;">Martha Watson ST. LOUIS COUNTY Employee Relations Department 100 NORTH 5TH AVENUE WEST, #1 DULUTH, MN 55802-1297</p>
4.	If you find that there is not adequate space to answer a specific question, provide as much information as space permits, then continue your response on individual sheets of paper. Include the number of the question on the separate sheet of paper and maintain the same format as the answer space in the Background Questionnaire.
5.	If a question does not apply to you, please write "N/A" (not applicable)
6.	Include any other requested documents with your Questionnaire.
7.	Be sure to sign the Questionnaire.
8.	If you have any questions, contact Martha Watson in the SLC Employee Relations Department at 218.725.5069.

DATA PRACTICES ADVISORY

READ THIS ADVISORY BEFORE COMPLETING THIS QUESTIONNAIRE

The following Background Questionnaire is used to determine your suitability for employment with St. Louis County.

Certain information requested in the Questionnaire is classified as private data under the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13) and may be released only to you, to those in the County whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

You are not legally required to provide any of the following requested information. However, if you do not do so, we will not be able to further consider you for employment. Again, you are not legally required to provide any of the following requested information. However, if you do not do so, we will not be able to consider your application for employment.

The data supplied may also be used for other purposes necessary for the administration of state or federal laws, and rules or procedures of the County.

If you are hired, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in health and life insurance plans, will be classified as private data, along with other payroll deduction data.

By my signature below, I state that I have read and understand the information stated above.

Date			
Printed Name	First Name	Middle Name	Last Name
Written Signature			

APPLICANT INFORMATION

I. GENERAL BACKGROUND INFORMATION

1. What is your full name?	Last	First	Middle	Previous
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Give any other names you have used or by which you have been known. (If none, so state).

2. Where do you now reside?

Address

Telephone

Cell Phone

E-mail Address

3. In reverse chronological order (begin with current address), list each and every place in which you have lived during the past seven years. For any residence which you rented, attach an additional sheet and provide the name, address and telephone number of the rental property manager or owner. (Include all addresses while you were in school or in the military):

Address	City	State	Zip Code	From: Mo/Year	To: Mo/Year

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each residency listed.

Initial here _____

4. Give the name of at least two co-workers who we can contact.

Name	Job Title	Employer	Telephone Number

II. EDUCATION HISTORY

5. List chronologically (earliest dates first) vocational schools or colleges you have attended:

School	Address	City	State	Zip Code	From Mo/Yr	To Mo/Yr	Last Grade or Term

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each high school, vocational school, or college listed.

Initial here: _____

6. List any college degrees/major area of study or vocational licenses received:

NOTE: Please provide a certified transcript(s) from the colleges that awarded you the academic degree qualifying you for this position. Have the transcript sent to:

Martha Watson
SLC Employee Relations Department
100 N. 5th Avenue West, Room #1
Duluth, MN 55802

Initial here _____

III. EMPLOYMENT BACKGROUND

7. Present Employer:

Name of Company

Address

City

State

Zip Code

Immediate Supervisor

Telephone

Date Hired

Job Title

Work Duties

Reason for Leaving

Can we contact your employer prior to a job offer?

Yes

No

If no, please explain:

8. List chronologically (earliest dates first), each and every place you have been employed during the last 15 years. Omit none. Give dates of idleness between periods of employment in proper sequence. Include all part-time employment, military service, volunteer work, temporary jobs, etc.

Employer	Address, City, State Zip Code, Telephone #	Employment Dates	Position Held & Job Duties	Name of Immediate Supervisor	Reason For Leaving

RELEASE NOTICE: You must complete an **"Authorization for Release of Information Agreement"** for each employer listed.

Initial here _____

9. Have you ever been discharged or asked to resign from employment or negotiated a resignation in lieu of termination?	Yes	No
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If yes, please complete the following:		
Employer	Date Left	Reason for leaving

10. Were you ever subjected to disciplinary action in connection with any employment?	Yes	No
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If yes, give details

11. Do you now or have you ever possessed a professional or occupational license, permit or certificate?	Yes	No
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If yes, give details

12. Has any license or permit (excluding driver's license or learner's permit) issued to you (or to any corporation or partnership in which you were an officer, director or partner) by any city, state or federal agency ever been denied, revoked, suspended or canceled?	Yes	No
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If yes, give details

13. List below every professional organization in which you are or have been a member within the past five years:

Organization	Address	From (Mo/Yr)	To (Mo/Yr)

IV. CRIMINAL LAW VIOLATIONS

14. If, as an adult, you have ever been named as a defendant or convicted as an adult for any violation of any state or federal criminal law (excluding parking violations), complete the information below:

Offense Date	Type of Violation	Misdemeanor, Gross, Felony	Court Location	Disposition	Agency Concerned

NOTE: Conviction of a crime, other than a felony, in and of itself is not an automatic bar to employment and will be considered only insofar as it relates to fitness to perform a particular job.

RELEASE NOTICE: For each violation listed, complete a "Authorization for Release of Information Agreement" directed to ALL AGENCIES and SOURCES of PERSONAL CRIMINAL AND PROBATION INFORMATION. Initial here _____

V. MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY

15. Do you currently possess a valid driver's license?		Yes	No
Driver's License Number		State	
Date Issued		Date of Expiration	
16. Has your driver's license or other vehicle operator's license ever been:			
Revoked	Yes	No	
Suspended	Yes	No	
Canceled	Yes	No	
If you answered yes to any one of the above, complete the information below:			
Which License			

When	City	State	
Why			
17. If you answered yes to question #60, was such license ever restored?		Yes	No
If yes, complete the following:			
When			
By What Authority			
Why			
18. Do you or did you ever possess a driver's license issued by any state other than Minnesota?		Yes	No
If yes, provide the following information:			
Licensing State			
Driver's License Number			
Driver's License Type			

ACKNOWLEDGMENT AND CERTIFICATION

I attest that all of the statements made by me in this Background Investigation Questionnaire and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct or any attempted deception by me or by others with my connivance, in any application, paper or document submitted shall bar me from further examinations for at least two (2) years; and that omission of any information from this application may be cause for rejection, or removal from any eligible list, or dismissal if employed. I further understand that I have an ongoing obligation to correct any inaccuracies in the information which I have provided as they become known to me.

Date	
Written Signature	
Printed Name	
Address	
Telephone	

APPENDIX

INSTRUCTIONS FOR COMPLETING RELEASE FORMS

- 1.) Review the questionnaire and use the following checklist to determine how many copies of each release form you will need.

_____Authorization for Release of Information Agreement

- 2.) Make as many copies of the release forms as you need.

- 3.) Fill out the release forms providing all the information that is requested: Name and address of agency; your name; date of birth; Social Security number; account numbers; etc. Sign and date all the release forms.

- 4.) Return all release forms with the completed background questionnaire

- 5.) If you have any questions, contact Martha Watson, St. Louis County Employee Relations Director, 100 N. 5th Avenue W, Room #1, Duluth, Minnesota 55802, Telephone 218.725.5069

Saint Louis County

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To:

I, _____, am an applicant for a position with St. Louis County. St. Louis County is conducting a thorough investigation of my employment background and personal history to evaluate my qualifications and suitability for employment.

I do hereby give my informed consent and authorize full and complete disclosure to all records, or any part thereof, whether public, not public, private, or confidential, concerning myself to an authorized representative of St. Louis County to use in determining my suitability for employment. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying of any and all public, not public, private, or confidential information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history records, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release any custodian of such records, including the officers, employees and agents of any custodian, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of an authorized representative of St. Louis County regardless of any agreement I may have made or make with you to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

I understand my rights under Title 5, United States Code, Section 522A, The Privacy Act of 1974, Minnesota Statute 13.05, Subd. 4, and the Minnesota Government Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by St. Louis County in conjunction with employment procedures. Should there be any question as to the validity of this release, you may contact me. A photocopy or FAX copy of this release form, though not containing an original signature, will be valid as an original thereof.

This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to St. Louis County or to you of that fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Written Signature

Date

Printed Signature

Address

Telephone Number

BCA/FBI APPLICANT FINGERPRINT CARD INFORMATION

Complete this section only if directed to do so.

You are being fingerprinted as a part of the application process with St. Louis County. This information will be used to perform a criminal history check. Please complete the following:

Directions: Print the following using blue ink only.

Last Name	First Name	Middle Name
Other Names Used	Date of Birth	Place of Birth
Sex	Race	Height
Weight	Hair Color	Eye Color
Citizenship	Social Security Number	
Home Address	Street	City
County	State	Zip Code
Home Telephone Number		
Driver's License Number		State