

ST. LOUIS COUNTY SHERIFF'S OFFICE BACKGROUND



INVESTIGATION QUESTIONNAIRE

DEPUTY SHERIFF

NAME OF APPLICANT:

Please return to:  
ST. LOUIS COUNTY SHERIFF'S OFFICE  
c/o Public Safety Building  
2030 N. Arlington Avenue  
Duluth, MN 55811  
218.336.4343

Updated 10/2013

ST. LOUIS COUNTY SHERIFF'S OFFICE



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## 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 print clearly. Some questions will be repetitive; answer all questions with complete and accurate information. <b>Use only blue ink.</b>
3.	In each place in which you are asked to provide your name, please print your complete name as it appears on your Social Security Card. Include your previous name(s) if your name has changed and/or generational information (example: Jr., Sr., III, etc.).
4.	<p>A set of blank releases is contained at the end of this packet. Please complete, sign and return the proper releases, as indicated in the Background Questionnaire subdivisions. Note that you will have to make extra copies of releases so that there is one release for each entity you are authorizing to release information. 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;"><b>ST. LOUIS COUNTY SHERIFF'S OFFICE</b> <b>c/o Public Safety Building</b> <b>2030 N. Arlington Avenue</b> <b>Duluth, MN 55811</b></p>
5.	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.
6.	If a question does not apply to you, please write "N/A" (not applicable)
7.	Include any other requested documents with your Questionnaire.
8.	Be sure to sign the Questionnaire and the Autobiography Essay and initial other areas as directed.
9.	If you have any questions, contact Sgt. Debra Slatten, St. Louis County Sheriff's Office at 218.336.4343.

## DATA PRACTICES ADVISORY

### READ THIS ADVISORY BEFORE COMPLETING THIS QUESTIONNAIRE

The following Background Questionnaire is used to determine whether you meet the requirements for continuation in the Deputy Sheriff selection process for the St. Louis County Sheriff's Office. You are being asked to provide information that will be used in evaluating your suitability for employment. The purpose of this request for information is to obtain information about you to permit us to thoroughly analyze your qualifications and suitability for employment with us. Attached are several documents that ask for your signature and/or personal information about you.

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.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. Name, home address, and telephone number are private data on applicants and not released to the public. When you are certified as eligible or considered as a finalist, your name, test score, and standing become public information. The Government Data Practices Act defines a finalist as an individual who is selected to be interviewed prior to selection.

If you are hired, the following personnel data is public: your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation, including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee, whether the complaint or charge resulted in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation, work location, work telephone number, honors and awards received, payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee's reasons for use of sick and other medical leave or other non-public data. Public data is data that is available to any person upon request.

The remaining data that you provide is generally considered to be private data that you would be entitled to have access to. A third party is entitled to access such data only with your consent, or pursuant to a court order or a statutory provision authorizing access.

You are not legally required to provide any of the requested data or to sign any of the release and authorization forms. However, if you do not do so, we will not be able to further consider you for employment. The authorizations that you sign and the data you provide may be conveyed to third parties. Private information will be disclosed only to the extent that is necessary to complete this employment investigation or as otherwise allowed or required by law.

This information is requested from you for the following reasons:

1. To distinguish you from all other applicants and identify you in our files.
2. To enable us to verify that you are the individual who took the exam.
3. To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews.
4. To determine whether or not you meet the minimum peace officer licensing requirements.
5. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position for which you have applied.
6. To enable us to insure your rights to equal employment opportunities and to meet affirmative action goals.
7. To meet federal reporting requirements.
8. To make processing more efficient.

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 above Government Data Practices advisory.**

<b>Date</b>			
<b>Printed Name</b>	First Name	Middle Name	Last Name
<b>Home Address</b>	Address, City, State, Zip Code		
<b>Telephone</b> (include area code)		<b>E-mail Address(es)</b>	
<b>Written Signature</b>			

**Do not sign below until meeting with Background Investigator to review background packet**

<b>Date</b>	
<b>Written Signature</b>	

The POST Board allows an agency to have additional hiring standards which may be stricter than POST Board standards. St. Louis County has adopted additional standards which may result in rejection of applicant from the hiring process. For your information, we have included a list of selected Board of Peace Officers Standards and Training Licensing Rules that affect licensing and hiring.

<b>REJECTION CRITERIA</b>	
The <b>Minnesota Peace Officer Standards and Training (POST) Board</b> has established criteria that <i>will result in the rejection of a peace officer APPLICANT if:</i>	
1.	APPLICANT has <b>any Felony conviction</b> (including pardons or expungements)
2.	APPLICANT has <b>any Felony or Gross Misdemeanor Drug Conviction</b>
3.	APPLICANT has <b>any Criminal Sexual Conduct Conviction</b>
4.	APPLICANT has <b>any Gross Misdemeanor Conviction</b>
5.	APPLICANT has been <b>convicted of Assaulting or Fleeing A Peace Officer</b>
6.	APPLICANT has been <b>convicted of Domestic Assault</b>

Additionally, the <b>St. Louis County Sheriff's Office</b> has established criteria that will result in the disqualification of a peace officer APPLICANT if:	
1.	APPLICANT has been <b>convicted within the last three years</b> of a D.W.I., B.A.C. over .08, or Implied Consent test refusal. This would apply to the following conveyances: motor vehicles, ATV's, snowmobiles, water craft, and aircraft. A conviction of any of the above within three to 5 years may result in disqualification.
2.	APPLICANT has been <b>convicted of a Misdemeanor in the past three years</b> . This shall apply to Misdemeanor convictions under the following circumstances: a) conviction of the following MN State Statute chapters: 97 - Game and Fish; 152 - Controlled Substances; 168 - Motor Vehicle Titles; 169 - Traffic Regulations; 171 - Driver's License; 268 - Department of Economic Security; 297 - Excise and Sales Taxes; 299 - Public Safety; 340A - Liquor Regulation; 518 - Domestic Relations; 588 - Contempts; 609 - Criminal Code; 617 - Abortions, Obscenity, House of Ill Fame; 624 - Other Crimes b) conviction of an ordinance from this State or a Statute or Ordinance from another state in conformity to the above listed chapters.

3.	APPLICANT has been <b>terminated from a police agency</b> or negotiated resignation in lieu of termination within the past four years.
4.	APPLICANT has received a <b>dishonorable discharge from the military</b> .
5.	APPLICANT has been <b>at fault in two or more motor vehicle accidents</b> in the past two years, whether or not any charges were filed.
6.	APPLICANT has been <b>involved in instances of job related misconduct</b> . This would include tardiness, violence, bad behavior, employee theft, insubordination, poor performance, non-satisfactory evaluations, reprimands, or any other similar documented problem, or other undesirable work habits.
7.	APPLICANT has provided <b>insufficient personal references or work references</b> or has provided references that cannot be verified or documented.
8.	APPLICANT has <b>improperly or insufficiently completed the background questionnaire</b> .
9.	APPLICANT has been <b>rejected from the St. Louis County Sheriff's Office hiring process</b> within the past four years.
10.	APPLICANT is <b>not Eligible to be POST Licensed</b> within four weeks of the final interview with the HIRING AUTHORITY and INTERVIEW PANEL.
11.	APPLICANT has <b>failed to maintain POST Eligibility</b> during the hiring and background investigation process.
12.	During the hiring process the APPLICANT has <b>misrepresented or falsified any information</b> whether verbally or in written form.
13.	APPLICANT has <b>violated POST Standards of Conduct</b> . (Minn. Rules 6700.1600)
14.	APPLICANT has <b>not responded to requests by BACKGROUND INVESTIGATORS</b> for information, releases, or other data needed for the investigation within seven days of request without good cause. Requested information must be postmarked to the Sheriff's Background Office within seven days of request.

In addition to the above rejection criteria, the Sheriff's Office recognizes the **Powers of the Human Resources Director** as provided in Minnesota State Statute 383C.042:

*"The civil service director may reject an application of any person for admission to a test or refuse to test any applicant, or to certify the name of an eligible for employment who is found to lack any of the established qualification requirements for the position applied for or tested on, or who is physically unfit to effectively perform the duties of the position, or who is addicted to the use of drugs or the habitual use of intoxicating liquors to excess, or who has been guilty of any crime or infamous or notoriously disgraceful conduct, or who has been dismissed from the public service for delinquency, or who has made a false statement of any material fact or practiced or attempted to practice deception or fraud in the application or in the test, or in securing eligibility or appointment. Any such person may appeal to the county civil service commission from the action of the civil service director in accordance with the rules established hereunder."*

In addition, the Human Resources Director may remove a name from eligible registers for failure to respond to a written inquiry by the Director or appointing authority within five (5) working days.

## **BOARD OF PEACE OFFICERS STANDARDS AND TRAINING LICENSING RULES**

Minnesota Rules, Chapter 6700

### **6700.0200 STATUTORY AUTHORITY**

The Board of Peace Officer Standards and Training, which operates pursuant to Minnesota Statutes, sections 626.84 to 626.855, is authorized to adopt rules and standards relating to the selection, training, and licensing of peace officers and part-time peace officers in Minnesota. The following rules are adopted pursuant to Minnesota Statutes, sections 214.12, 626.843, and 626.863.

### **6700.0300 PROFESSIONAL PEACE OFFICER EDUCATION**

Subp. 5. Participation requirements.

B. No student may be admitted to the professional peace officer program who:

- (1) poses a serious threat to the health or safety of themselves or others;
- (2) has been convicted of a felony;
- (3) has been convicted under Minnesota Statutes, sections 609.221 to 609.224 or 609.52;
- (4) has been convicted of a crime for which the penalty was enhanced under Minnesota Statutes, section 626.5531;
- (5) has been convicted of a crime listed under Minnesota Statutes, section 214.10, subdivision 2a;
- (6) has been convicted of misconduct by an officer under Minnesota Statutes, section 609.43; or
- (7) has been convicted of any of the crimes in this item in another state or federal jurisdiction, or under a local ordinance, that would be a conviction if committed in Minnesota.

## **6700.0700 MINIMUM SELECTION STANDARDS**

Subp. 1. Selection standards: A person eligible to be licensed shall meet the following minimum selection standards before being appointed to the position of peace officer. The appointing authority may certify that the applicant has already completed certain of these standards, but the certification must be documented pursuant to subpart 2.

- A. The applicant shall be a citizen of the United States.
- B. The applicant shall possess a valid Minnesota driver's license; or in case of residency therein, a valid driver's license from a contiguous state; or eligibility to obtain either license.
- C. The applicant shall complete a comprehensive written application.
- D. The applicant shall submit to a thorough background search, including searches by local, state, and federal agencies, to disclose the existence of any criminal record or conduct which would adversely affect the performance by the applicant of peace officer duties.
- E. The applicant shall not have been convicted of a felony in this state or in any other state or federal jurisdiction which would have been a felony if committed in Minnesota.
- F. The applicant shall be fingerprinted for the purpose of disclosure of any felony convictions. Fingerprint cards shall be forwarded to the appropriate divisions of the Bureau of Criminal Apprehension and the Federal Bureau of Investigation. The chief law enforcement officer shall immediately notify the board if a previous felony conviction is discovered.
- G. A licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that the applicant is free from any physical condition which might adversely affect the performance of peace officer duties.
- H. An evaluation, including an oral interview, shall be made by a licensed psychologist to determine that the applicant is free from any emotional or mental condition which might adversely affect the performance of peace officer duties.
- I. The applicant shall pass a job-related examination of the applicant's physical strength and agility to demonstrate the possession of physical skills necessary to the accomplishment of the duties and functions of a peace officer.
- J. The applicant shall successfully complete an oral interview conducted by or for the agency to demonstrate the possession of communication skills necessary to the accomplishment of the duties and functions of a peace officer.

Subp. 4. More rigid standards: An appointing authority may require an applicant to meet more rigid standards than those prescribed in this part.

## **6700.1600 VIOLATIONS OF STANDARDS OF CONDUCT**

Violation of any of the following standards of conduct by a licensee constitutes grounds for disciplinary action:

- A. engaging in conduct prohibited by, or listed as, grounds for disciplinary action in this chapter, Minnesota Statutes, chapter 214, or sections 626.84 to 626.90, or engaging in conduct which violates any statute enforced by the board;
- B. obtaining a license from the board by fraud or cheating, or attempting to subvert the examination process;
- C. being convicted of a felony or gross misdemeanor in this state, or in any other state or federal jurisdiction of an offense that would constitute a felony or gross misdemeanor if committed in Minnesota, including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or no contest;
- D. having been the subject of revocation, suspension, or surrender of a peace officer license or certificate in resolution of a complaint or other adverse action relating to licensing or certification in another jurisdiction;
- E. failing to report the revocation, suspension, or surrender of a license or certificate in resolution of a complaint, or other disciplinary or adverse action taken against a licensee in this or another jurisdiction, or having been refused a license or certificate by any other jurisdiction;
- F. being convicted of a state or federal narcotics or controlled substance law irrespective of any proceedings under Minnesota Statutes, section 152.18, or any similar law of another state or federal law;
- G. Being adjudicated by a court of competent jurisdiction, within or without the state, as incapacitated, mentally incompetent, chemically dependent, mentally ill and dangerous to the public, or as having a psychopathic personality;
- H. violating any order issued by the board;
- I. practicing outside the scope of Minnesota Statutes, section 626.863;
- J. making an intentional false statement or misrepresentation to the board;
- K. engaging in sexual penetration or contact without consent, as defined in Minnesota Statutes, section 609.341, or engaging in conduct that violates Minnesota Statutes, section 617.23. Sexual contact does not include contact that is part of standard police procedure such as search and arrest;
- L. being convicted, including a finding or verdict of guilt, whether or not the adjudication of guilt is withheld or not entered, an admission of guilt, or a no contest plea of a violation of Minnesota Statutes, sections 518B.01, subdivision 14; 609.23; 609.231; 609.342; 609.343; 609.344; 609.345; 609.3451; 609.43; 609.465; 609.466; 609.52; 609.53; 609.748, subdivision 6; or 626.557;
- M. failing to cooperate with an investigation of the board as required by part 6700.1610, subpart 4;
- N. engaging in sexual harassment, as defined by Minnesota Statutes, section 363A.03, subdivision 43;
- O. using deadly force when not authorized by Minnesota Statutes, section 609.066; or
- P. being convicted of solicitation, inducement, or promotion of prostitution in violation of Minnesota Statutes, section 609.322, or any conviction under Minnesota Statutes, section 609.324, or being convicted of similar offenses in another state or federal jurisdiction.

## **6700.0701 NOTIFICATION OF CONVICTION**

If any background search required by this chapter reveals a conviction of a felony, or the conviction of any crime listed in this chapter, or conviction of a crime which was charged under an ordinance or law of another state but would be a conviction under Minnesota Statutes, section 609.52, if it was charged under state law, the chief law enforcement officer shall immediately notify the board.

## APPLICANT INFORMATION

### I. GENERAL BACKGROUND INFORMATION

<b>1. What is your full name?</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
Give any other names you have used or by which you have been known, including nicknames, and the date of the name change. (If none, so state).			
<b>Date of Birth</b>		<b>Telephone Number(s)</b>	
<b>Social Security Number</b>		<b>Scars, Tattoos, or Distinguishing Marks</b>	
<b>Current Address</b>			
<b>Email Address(es)</b>			
<b>2. Are you a citizen of the United States?</b>		<b>Yes</b>	<b>No</b>

NOTE: You must, at your own expense, **immediately** forward a certified copy of your birth certificate or other documentation that serves as proof of citizenship, directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATIONS  
2030 N. ARLINGTON AVE  
DULUTH, MN 55811**

Initial here \_\_\_\_\_

<b>3. Are you currently licensed as a peace officer?</b>	<b>Yes</b>	<b>No</b>
		If no, please skip to question #6

Note: You must, at your own expense, **immediately** forward a copy of your license and current renewal card, directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATIONS  
2030 N. ARLINGTON AVE.  
DULUTH, MN 55811**

Initial here \_\_\_\_\_

<b>4. Current status of peace officer license:</b>					
Valid-Active Status	Valid-Inactive Status	Lapsed	Surrendered	Suspended	Revoked
State issuing license			License Number		
Date originally issued			License expiration date		
Number of Continuing Education (C.E.) Hours for this renewal period					
<b>5. Have you ever had any disciplinary action against your license?</b>				<b>Yes</b>	<b>No</b>
If yes, explain:					
<b>6. Are you eligible for a Minnesota peace officer's license?</b>				<b>Yes</b>	<b>No</b>
If yes, when does your eligibility expire:					

NOTE: You must, at your own expense, immediately forward a copy of your POST Board eligibility letter, directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATIONS  
2030 N ARLINGTON AVE  
DULUTH, MN 55811**

Initial here \_\_\_\_\_

<b>7. Have you ever possessed a part-time peace officer license?</b>			<b>Yes</b>	<b>No</b>
Current status of this license:	Valid-Active Status	Valid-Inactive Status	Lapsed	
Other: (Explain):				

<b>8. Academic Component of Professional Peace Officer Program completed at:</b>	
School	
Degree	
From (Month/Year)	To (Month/Year)
School Telephone Number	
School Address	

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement**" for the institution listed above. Initial here \_\_\_\_\_

<b>9. Skills component of Professional Peace Officer Education completed at:</b>	
School	
From (Month/Year)	To (Month/Year)
School Telephone Number	
School Address	
Date Skills component completed	
Date of passing Peace Officer Licensing Examination:	

RELEASE NOTICE: You must complete an "**Authorization for Release of Information Agreement**" for the institution listed above. Initial here \_\_\_\_\_

<b>10. Have you participated in an internship with a law enforcement agency?</b> (If yes, list departments)		<b>Yes</b>	<b>No</b>
Department			
Supervisor's Name		E-mail Address(es)	
Date of Internship	From (Month/Year)	To (Month/Year)	
Department Telephone Number			
Department Address			

RELEASE NOTICE: You must complete an “**Authorization for Release of Information Agreement**” for each agency listed. Initial here \_\_\_\_\_

<b>11. If you were trained out of state, please complete the following:</b>
Name of Training Program
Telephone Number
Address
Length of Course
Date of Completion
Date of Certification
Date of passing Minnesota POST Reciprocity Exam

RELEASE NOTICE: You must complete an “**Authorization for Release of Information Agreement**” for each agency listed. Initial here \_\_\_\_\_

<b>II. RESIDENCY</b>
<b>12. Where do you currently reside?</b>
Address, City, State, Zip Code

**13. List in reverse chronological order (begin with current address), list each and every place in which you have lived during the past seven (7) 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 \_\_\_\_\_

**14. Give the name of your father, mother, siblings and adult children (include step-relatives): If deceased, please so indicate. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Relationship	Name	Address	City	State	Zip Code	Phone Number

**15. Give the full names, date of birth and relationship to you of any other adults residing in your household. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Relation-ship	Full Name	Date of Birth	Address	City	State	Zip Code	Phone Number

**16. List names of four (4) friends and/or associates. Do not include former employers, school teachers or peace officers and corrections officers. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Relationship	Name	Address	City	State	Zip Code	Phone Number

<b>17. Are you presently a user of non-prescription controlled substances or user of prescription controlled substances in a manner other than prescribed?</b>	<b>Yes</b>	<b>No</b>
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If yes, give details and amounts:

<b>Have you ever used any controlled substances, illegal drugs, narcotics, marijuana, etc?</b>	<b>Yes</b>	<b>No</b>
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If yes, give details and amounts:

<b>18. Are you or have you been associated with or a member of any gang or criminal association?</b>	<b>Yes</b>	<b>No</b>
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If yes, give details:

<b>19. Do you have any close friends, family members or household members who are associated with or a member of a gang or criminal organization?</b>	<b>Yes</b>	<b>No</b>
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If yes, give details:

<b>20. List all peace officers and/or corrections officers with whom you are acquainted. Include E-mail Addresses for all listed (use separate sheet if necessary).</b>						
<b>Name</b>	<b>Department</b>	<b>Contact Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>

**III. EDUCATION HISTORY**

<b>21. List in reverse chronological order (most recent dates first) all high schools, vocational schools, and colleges you have attended:</b>							
<b>School</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Last Grade or Term</b>

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

<b>22. List any college degrees/major area of study or vocational licenses received:</b>

**23. List any significant problems with school including absenteeism, tardiness, poor grades, other disciplinary problems, etc.**

Date	School	Problem and/or Explanation

**24. List all major awards you received from high school, college or graduate school.**

Date	School	Award

**25. List any clubs, organizations or extracurricular activities you participated in while attending school.**

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NOTE: You must, at your own expense, **immediately**, forward certified transcripts from all high schools, vocational schools or colleges which you attended, directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATIONS  
2030 N ARLINGTON AVE  
DULUTH, MN 55811**

Initial here \_\_\_\_\_

**IV. MILITARY AND SELECTIVE SERVICE BACKGROUND**

<b>26. If you are a male and were born after 1960, have you registered with the Selective Service?</b>	<b>Yes</b>	<b>No</b>
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If yes, provide Selective Service Number

If no, please explain why not

<b>27. Did you ever apply for the military, but were later disqualified from the testing process?</b>	<b>Yes</b>	<b>No</b>
If yes, please explain:		

<b>28. Identify the military organization(s) in which you served, including any military organizations of any foreign government:</b>	
Identify Branch of Service:	
Military Specialty:	
Rank Held:	Service Serial #:
Name of Commanding Officer at time of discharge:	

<b>29. How many periods of active military service have you had (drafts, enlistments, or recalls to service) and what were your periods of active service?</b>			
<b>Branch</b>	<b>Details</b>	<b>From</b>	<b>To</b>

<b>30. How many discharges or separations from the service were given to you? Please include your DD-214.</b>	<b>Discharges</b>	<b>Separations</b>
<b>31. What is the type of your discharge(s) or separation(s): Honorable, dishonorable, honorable conditions, medical, etc.) Be exact.</b>		
<b>Type:</b>	<b>Reason:</b>	
<b>32. Has your discharge or separation notice ever been corrected or changed?</b>	<b>Yes</b>	<b>No</b>
<b>33. If yes, what was the nature of the change?</b>		
<b>Changed from:</b>	<b>Changed to:</b>	
<b>34. Were you ever court martialled, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?</b>	<b>Yes</b>	<b>No</b>

If yes, how many times?	Give details of charges, agency concerned, dates and dispositions:
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<b>35. Are you now or were you ever an active or inactive member of the Reserve Forces (any branch) of the United States, any foreign government, or the National Guard of any state?</b>	<b>Yes</b>	<b>No</b>
If yes, state which (active or inactive)	<b>Active</b>	<b>Inactive</b>
<b>Branch</b>	<b>Regiment</b>	<b>Unit</b>
<b>Rank</b>	<b>From</b>	<b>To</b>
<b>Address</b>		

<b>36. Have you served or lived outside the United States for any periods of time?</b>	<b>Yes</b>	<b>No</b>
If yes, give details, locations, dates, etc.:		

**NOTE:** You must **immediately** forward a copy of your Form DD214, "Report of Discharge," directed to the following address:

**ST. LOUIS COUNTY SHERIFF'S OFFICE  
BACKGROUND INVESTIGATIONS  
2030 N ARLINGTON AVE  
DULUTH, MN 55811**

**RELEASE NOTICE:** For each branch of the military in which you served, complete a "**Request Pertaining to Military Records**". The form is found at the end of this background packet.

Initial here \_\_\_\_\_

**V. EMPLOYMENT BACKGROUND**

The Background Investigator will use this information to contact your **CURRENT** and **FORMER** employers regarding your work history. Provide complete and accurate information for each question. Include E-mail Addresses for all listed (use separate sheet if necessary).

<b>37. Present Employer:</b>		
Name of Company		
Address	City, State	Zip Code
Immediate Supervisor	Telephone	
Date Hired	Job Title	
Work Duties		
Reason for Leaving		
<b>38. Can your current employer be contacted prior to a job offer?</b>	Yes	No
If no, please explain:		

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for current employer(s). Initial here \_\_\_\_\_

**39. List in reverse chronological order (most recent dates first) each and every place you have been employed since the age of 18. OMIT NONE. Give correct, full addresses. Give dates of unemployment between periods of employment in proper sequence. Include all part-time employment, military service, volunteer work, temporary jobs, etc. Attach additional sheets as needed. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Employer	Address	Employment Dates	Position Held & Job Duties	Immediate Supervisor	Reason for Leaving

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each employer listed. Initial here \_\_\_\_\_

<b>40. Are you now or have you ever been engaged in any business as an owner, partner (silent or active), or corporate member or do you hold any additional jobs?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		
<b>41. Were you ever laid off, discharged or asked to resign from employment or negotiated a resignation in lieu of termination?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		
<b>42. Were you ever subjected to disciplinary action in connection with any employment?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		

<b>43. Have you ever filed for Unemployment Compensation?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		
RELEASE NOTICE: You must complete an “ <b>Authorization to Release Information</b> ” for the State Department of Unemployment Benefits. Initial here _____		

<b>44. Have you ever possessed a professional or occupational license, permit or certificate?</b>	<b>Yes</b>	<b>No</b>
If yes, give details and license number:		
<b>45. Have you, or any corporation or partnership of which you were an officer, director, or partner, ever possessed a license or permit (excluding driver’s license or learner’s permit) issued by any governmental agency?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		

<b>46. 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?</b>	<b>Yes</b>	<b>No</b>
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If yes, give details:

**47. List below every professional organization in which you are or have been a member, since age 18. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Organization	Address	From (Month/Year)	To (Month/Year)

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each organization listed above. Initial here \_\_\_\_\_

<b>48. Have you ever made application for employment with any other law enforcement agency or correctional facility? Include E-mail Addresses for all listed (use separate sheet if necessary).</b>	<b>Yes</b>	<b>No</b>
---	------------	-----------

If yes, complete the following:

Agency Name	Date of Application	Status	Agency Address	Agency Phone

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each agency listed. Initial here \_\_\_\_\_

<b>49. Have you ever been the subject of a background investigation conducted by a law enforcement agency which was considering you for employment? Include E-mail Addresses for all listed (use separate sheet if necessary).</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

If yes, complete the following:

<b>Agency Name</b>	<b>Investigation Date</b>	<b>Status</b>	<b>Agency Address</b>	<b>Agency Phone</b>

<b>50. Have you ever received a conditional job offer from law enforcement agency which was considering you for employment? Include E-mail Addresses for all listed (use separate sheet if necessary).</b>	<b>Yes</b>	<b>No</b>
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If yes, complete the following:

<b>Agency Name</b>	<b>Date of Conditional Offer</b>	<b>Agency Address</b>	<b>Agency Telephone</b>

<b>51. Have you ever been rejected by or have you withdrawn from any background investigation and/or hiring process?</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

If yes, please explain:

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**VI. FINANCIAL BACKGROUND**

**The following information will be used to obtain a Merged Profile Credit Report.**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>

RELEASE NOTICE: Complete the "Credit Report Release" form at the end of the background packet. Initial here \_\_\_\_\_

**52. Identify all savings or checking accounts on which your name is currently listed or has been listed during the past seven (7) years:**

Name of Institution	Address/City/State/Zip Code	Account Number	Type of Account

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement" for each source listed. Initial here \_\_\_\_\_

**53. Please identify all other sources of income, including stocks, bonds, etc., not listed under EMPLOYMENT Section.**

Source of Income	Amount	Frequency

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement" for each source listed. Initial here \_\_\_\_\_

<b>54. Have you ever had an account turned over to a collection agency for failure to pay or late payment?</b>	<b>Yes</b>	<b>No</b>
--	------------	-----------

If yes, give details:

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement" for each source listed above. Initial here \_\_\_\_\_

## VII. LITIGATION

55. If you have ever been a party to any civil action or proceeding in Minnesota or elsewhere, or if you have been named in a notice of claim that you may be a defendant in a civil action or proceeding, complete the following:

Date and Location of Event	Type of Proceeding	Were you: Plaintiff, Defendant, Petitioner, Respondent	Court Disposition	Court Telephone Number	Court Address

RELEASE NOTICE: For each item above, complete an “Authorization for Release of Information Agreement”. Initial here \_\_\_\_\_

## VIII. CRIMINAL LAW VIOLATIONS

56. 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	Charge or Violation	Misdemeanor, Gross, Felony	Court Location	Disposition	Law Enforcement Agency Involved

*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 an “**Authorization for Release of Information Agreement**”. Initial here \_\_\_\_\_

<b>57. Have you ever been fingerprinted?</b>		Yes	No
If yes, fill in the following:			
<b>Date</b>	<b>Agency Name and Address</b>	<b>Reason for Fingerprinting</b>	

Complete the “**BCA/FBI Applicant Fingerprint Card Information**” form at the end of the background packet. Initial here \_\_\_\_\_

<b>58. Have you ever had a conviction expunged or pardoned?</b> (Note: Expungements and/or pardons must be included pursuant to Minnesota Statutes 364.04, 364.09 and 609A.03.)			Yes	No
<b>Date</b>	<b>Type of Violation</b>	<b>Court Location</b>	<b>Disposition</b>	<b>Agency Concerned</b>
<b>59. Are there any outstanding warrants for your arrest?</b>			Yes	No
If yes, provide details:				

**60. List any other contact you have had with a law enforcement agency as an adult.**

Date of Contact	Agency Name and Address	Type of Contact/Details

RELEASE NOTICE: Complete the “**Informed Consent for Release Information**” and “**Informed Consent Release of Predatory Offender**” forms at the end of the background packet. Initial here \_\_\_\_\_

**IX. TRAFFIC LAW VIOLATIONS**

**61. If, as an adult, you have ever received a summons for violation of the traffic laws in Minnesota or any other state (excluding parking violations), complete the information below:**

Offense Date	Type of Violation	Location of Violation	Court Disposition	Agency Concerned

RELEASE NOTICE: Complete the “**Notice of Rights and Informed Consent to Release Information for Driver’s License and Criminal History Records and Offense Reports**” and “**Informed Consent for Release of Information**” forms at the end of the background packet. Initial here \_\_\_\_\_

**X. MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY**

<b>62. Do you currently possess a valid driver's license?</b>		<b>Yes</b>	<b>No</b>
Driver's License Number		State	
Date Issued		Date of Expiration	
<b>63. Has your driver's license or other vehicle operator's license ever been:</b>			
Revoked	<b>Yes</b>	<b>No</b>	
Suspended	<b>Yes</b>	<b>No</b>	
Canceled	<b>Yes</b>	<b>No</b>	
If you answered yes to any one of the above, complete the information below:			
Which License		Why	
When	City	State	
<b>64. If you answered yes to question #63, was such license ever restored?</b>		<b>Yes</b>	<b>No</b>
If yes, complete the following:			
When		Why	
By What Authority			
<b>65. Have you ever been refused a driver's license?</b>		<b>Yes</b>	<b>No</b>
If yes, give details:			

**Note: You must include a copy of your driver's license when submitting the background packet.**

**You must also mail the Minnesota DVS Records Request form, along with payment, for a certified copy of your "Complete History" to MN Department of Public Safety, 445 Minnesota Street, St. Paul, MN 55101-5161 and have your record sent to: St. Louis County Sheriff's Office, Attn: Backgrounds, 2030 N. Arlington Avenue, Duluth, MN 55811. You must also obtain copies of out of state driving records, if applicable.**

<b>66. As a driver, have you ever been involved in a motor vehicle accident?</b>	<b>Yes</b>	<b>No</b>
If yes, complete the following:		
When		
Where		
Was law enforcement contacted	What agency	
Were any citations issued		
Give details:		
<b>67. Have you ever had an automobile accident where you did not have auto insurance in effect or were charged with driving without insurance?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		
<b>68. Do you or did you ever possess a driver's license issued by any state other than Minnesota?</b>	<b>Yes</b>	<b>No</b>
If yes, provide the following information:		
Licensing State		
Driver's License Number		
Driver's License Type		
<b>69. Has any automobile insurance company ever canceled, attempted to cancel or taken action against your insurance coverage?</b>	<b>Yes</b>	<b>No</b>
If yes, give details:		
Insurance Company	Policy Number	
Insurance Company Telephone Number		

**70. Who is your current auto insurance company?**

Company Name	Address
Name of Agent	E-mail Address
Telephone Number	Policy Number

**71. List any insurance company that has provided auto coverage for you during the past five (5) years. Include E-mail Addresses for all listed (use separate sheet if necessary).**

Agency	Address	Telephone Number	Policy Number

RELEASE NOTICE: Complete an "Authorization for Release of Information Agreement" for each agency listed. Initial here \_\_\_\_\_

**72. List all vehicles that are registered to you and/or that you drive:**

Make and Model	Year	License Plate Number

RELEASE NOTICE: For Minnesota Driver's License information, complete an "Authorization for Release of Information Agreement." Complete additional "Authorization for Release of Information Agreement" for all other states in which you have been licensed to drive. Initial here \_\_\_\_\_

## 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.

<b>Date</b>	
<b>Written Signature</b>	
<b>Printed Name</b>	
<b>Address</b>	
<b>Telephone</b>	

***If you have previously submitted a completed background packet in the last 6 months, please complete the following section:***

I previously submitted a background packet on (Date):

I have reviewed the background packet previously submitted and there are:	No changes of any kind	Changes, Additions, Corrections are Needed
I have copied the section of the background packet that has changed, noted all changes and completed additional release forms needed	Yes	No

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.

<b>Date</b>	
<b>Written Signature</b>	
<b>Printed Name</b>	

**Name:**

**Page 1 of**

## **AUTOBIOGRAPHY ESSAY**

Provide a brief handwritten history of your life on the following pages. Follow the instructions carefully. **No exceptions.**

- The autobiography must be **in your own writing**.
- **USE BLUE INK PEN OR BALLPOINT.** Do not write in pencil.
- Sign the bottom of the autobiography using your normal signature.

**Name:**

**Page 2 of**

**Name:**

**Page 3 of**

**Name:**

**Page 4 of**

# 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 (Be sure to fill out the **To:** section)
- \_\_\_\_\_ BCA/FBI Applicant Fingerprint Card Information
- \_\_\_\_\_ Request Pertaining to Military Records
- \_\_\_\_\_ Credit Report Release
- \_\_\_\_\_ Authorization to Release Information – State Department of Unemployment Benefits
- \_\_\_\_\_ Informed Consent for Release of Information
- \_\_\_\_\_ Informed Consent – Release of Predatory Offender Registration Data
- \_\_\_\_\_ Notice of Rights and Informed Consent to Release Information for Driver’s License and Criminal History Records and Offense Reports

- 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; account numbers; etc. Sign and date all the release forms.

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

- 5.) Include a copy of your driver’s license when submitting the background questionnaire

- 6.) Complete Minnesota “DVS Records Request” form for Certified Copy (Complete History) and send, along with payment, to MN Department of Public Safety. Have record sent to: St. Louis County Sheriff’s Office, Attn: Backgrounds, 2030 N. Arlington Avenue, Duluth, MN 55811.

- 7.) Request copies of any out of state driver’s license records, if applicable, and have them sent to: St. Louis County Sheriff’s Office, Attn: Backgrounds, 2030 N. Arlington Avenue, Duluth, MN 55811.

- 8.) If you have any questions, contact Sgt. Debra Slatten, St. Louis County Sheriff’s Office at 218.336.4343.



**MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES**

445 Minnesota Street, Saint Paul, MN 55101-5161  
Phone: (651) 215-1335 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

For Office Use

Print Form

Fees Due \_\_\_\_\_

**DVS RECORDS REQUEST**

**Are you checking to see that a Minnesota driver's license is valid? You may verify the driver's license number 24 hours a day by calling (651) 284-2000 or visiting DVS on the web at dvs.dps.mn.gov. There is no fee.**

**Section A: Minnesota Driving Record**

Check all that apply. For multiple records, please attach a multiple record supplement to this request form.

- Non-Certified Copy (5 yr. History - Convictions Only)**       **Certified Copy (Complete History)**
- I am requesting correspondence to show the date my driver's license was originally issued (this is an additional \$1 fee)

**Driver's Name:** Last, First, Middle

**Date of Birth:**

**Minnesota DL Number:**

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**Section B: Motor Vehicle Record**

Check all that apply. For multiple records, please attach a multiple record supplement to this request form.

- Motor Vehicle Record**       **Certified Motor Vehicle Record**       **Title History**

**Vehicle Year & Make:**

**Minn. License Plate #:**

**Vehicle Identification Number:**

**Section C: Requester's Information - Please check one:**

- I am requesting a copy of my own record.       I am requesting the record of another person and have attached their written consent.

- Other - For all other record requests you must provide authorized use number (see next page):

**Note: You must provide additional information justifying your request in the space below:**

**Mailing Address to send Record:**

Printed name of requester: \_\_\_\_\_

If an Attorney or Private Investigator, indicate license #: \_\_\_\_\_

If representing a company, list company name: \_\_\_\_\_

Company Address: \_\_\_\_\_

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

**Certification** I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

Signature of Requester/Representative: **X** \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

If applicable,  
Escrow Account Number: \_\_\_\_\_

**Fee Schedule - Payment must accompany request - Please make checks payable to Driver and Vehicle Services**

	Requester <b>IS</b> the subject of data	Requester <b>IS NOT</b> the subject of data
Non-certified Record Copy (5 yr. Conviction Hist.)	\$9	\$ 9.50
Certified Record Copy (complete history)	\$10	\$10.50
Vehicle Title History/Driver's Correspondence	\$1 per printed page, in addition to the record or certified record copy fee.	

**Authorization** – On the front of this form indicate the permissible use (found below) that permits you to obtain personal information.

**PERMISSIBLE USES OF MOTOR VEHICLE DATA AS PROVIDED IN UNITED STATES CODE, TITLE 18, SECTION 2721**

I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

- 1) For use by any government agency, including court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State or local agency in carrying out its functions.
- 2) For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- 3) For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only (A) to verify the accuracy of personal information submitted by the individual to the business or its agencies, employees, or contractors; and (B) if such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual. ***If acting as agent of lienholder, must submit proof of contract with lienholder.***
- 4) For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State or local court. ***Must furnish court information or specifics related to potential litigation.***
- 5) For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.
- 6) For use by any insurer or insurance support organization, or by self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting. ***If agent of insurance company, must provide insurance company name.***
- 7) For use in providing notice to the owners of towed or impounded vehicles. ***Must provide name, address, and telephone number of entity that request the vehicle be towed.***
- 8) For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection. ***Must provide additional permissible use for the data request.***
- 9) For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App. 2710 et seq.).
- 10) For use in connection with the operation of private toll transportation facilities.
- 11) For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.
- 12) For bulk distribution for surveys, marketing, or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.
- 13) For Use by any requester, if the requester demonstrates it has obtained written consent of the individual to whom the information pertains.
- 14) For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety. ***List specific statutory authorization.***

Access to Driver's License and Motor Vehicle records is governed by:

- Minnesota Statutes, chapters 168.346; 171.12 subd. 7; and 171.12 subd. 7a
- United States code title 18, sections 2721-2725 and Minn. Statute, Chapter 13

Personal information is classified as private data.

**Mail requests to:**

Driver and Vehicle Services  
Records Unit  
445 Minnesota St., Ste. 161  
St. Paul, MN 55101-5161

**The Department in accordance with Minnesota Statutes, chapter 138.17, will retain this record request.**

**If you require the return of your request with the record, send the original request and a duplicate. The copy will be returned.**

**To expedite service, enclose a self-addressed stamped envelope for the return of your request or a fax number.**

# Saint Louis County Ross Litman, Sheriff - County Courthouse

## AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

**To:**

I, \_\_\_\_\_, am an applicant for a position as a licensed peace officer or for a position leading to employment as a licensed peace officer with the St. Louis County Sheriff's Office. St. Louis County is conducting a thorough investigation of my employment background and personal history to evaluate my qualifications and suitability for employment as a licensed peace officer.

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 the St. Louis County Sheriff's Office to use in determining my suitability for employment as a licensed peace officer. It is my intent to provide access to all data 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 the St. Louis County Sheriff's Office 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. This authorization and release form complies with and is required to accompany a request for employment information under Minnesota Statute 626.87, which provides employers with immunity from civil liability for employment information released to a law enforcement agency in the absence of fraud or malice.

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, and Rule 5. Subd. 1 of the Minnesota Rules of Public Access to Records of the Judicial Branch with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the St. Louis County Sheriff's Office 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 the St. Louis County Sheriff's Office 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.

<b>Written Signature</b>	<b>Printed Name</b>	<b>Date</b>
--------------------------	---------------------	-------------

<b>Address</b>	<b>Telephone Number</b>
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Signature of sworn peace officer conducting the background investigation

<b>Name</b>	<b>Law Enforcement Agency</b>
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## BCA/FBI APPLICANT FINGERPRINT CARD INFORMATION

You are being fingerprinted as a part of the application process for deputy sheriff with the St. Louis County Sheriff's Office. 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	Scars, Marks, Tattoos	
Home Address	Street	City
County	State	Zip Code
Home Telephone Number		
Driver's License Number		State

## CREDIT REPORT RELEASE

### Notice to Deputy Sheriff Applicant

In order to fully evaluate your employment application, a credit report prepared by a credit reporting agency may be obtained. At your request the St. Louis County Sheriff's Office will provide you a free copy of your credit report if we have obtained one.

Please complete the following information:

<b>Date</b>	
<b>Full Printed Name</b>	
<b>Former Name(s)</b>	
<b>Present Address</b>	
<b>Former Addresses</b>	
<b>Written Signature</b>	

#### Please check the appropriate box:

<input type="checkbox"/>	I do not wish to receive a copy of my credit report.
<input type="checkbox"/>	If a credit report is obtained, please send me a free copy.

#### For Office Use Only:

A copy of the credit report was provided to Applicant on:

**INFORMED CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the St. Louis County Human Resources and/or St. Louis County Sheriff's Office to provide my: full name, previous name(s), date of birth, social security number, driver's license number, home address and previous addresses to the St. Louis County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, the National Crime Information Center, Federal Bureau of Investigation, and any other law enforcement agencies with which I have had contact that has records about me, in order to determine my suitability for employment with St. Louis County.

I, \_\_\_\_\_, authorize the St. Louis County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record (including driver's license photo), Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the St. Louis County Human Resources and/or St. Louis County Sheriff's Office in order to determine my suitability for employment with St. Louis County.

**I understand that this written consent is valid for 1 year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the St. Louis County Human Resources Department and St. Louis County Sheriff's Office terminating the consent. I also understand that this data and related criminal history check is defined by Minn. Stat. 13.43 as personnel data and shall be treated as such.**

**Date Executed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Notary:** \_\_\_\_\_

**INFORMED CONSENT  
RELEASE OF PREDATORY OFFENDER  
REGISTRATION DATA**

PLEASE PRINT LEGIBLY – USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden or Former Last Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to St. Louis County any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and St. Louis County from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Signature:** \_\_\_\_\_

**Notice of Rights and Informed Consent to Release Information for Driver's License  
and Criminal History Records and Offense Reports**

As part of your employment application process with St. Louis County you are being asked to supply private data that was not requested on the application form. St. Louis County is requesting you supply the data to determine your suitability for employment with St. Louis County, including use of the data to conduct criminal history and related records checks. You may refuse to provide any requested data. However, a refusal will prevent St. Louis County from conducting an adequate pre-employment background investigation which in turn may cause your application for employment to be removed from consideration.

Private data, such as date of birth, driver's license number and driver's license photo may be shared with the Human Resources Department, the department to which you are applying, the St. Louis County Sheriff's Office, and legal advisor to the County. Otherwise, unless authorized by State statutes or Federal law, your private data will not be released to any other person or agency without your written consent except under court order or if otherwise authorized or required by law. A written consent for release of private data is known as "INFORMED CONSENT". Any public data you provide is available to anyone requesting it.

**The private data St. Louis County is now requesting from you is as follows:**

Have you ever been convicted, plead guilty or been sentenced in any court of law for the commission of a criminal offense?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, state the jurisdiction(s), dates of conviction(s), please of guilty or sentenced: \_\_\_\_\_

\_\_\_\_\_

State the offense: \_\_\_\_\_

Your full legal name and current address: \_\_\_\_\_

\_\_\_\_\_

Addresses of the last seven years: \_\_\_\_\_

\_\_\_\_\_

Former names, including nicknames: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:      Male      Female      Race: \_\_\_\_\_

**I understand the above notice of rights; also known as the Tennessee Warning.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Day Phone Number(s):** \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

State Department of Unemployment Benefits

I hereby authorize and grant consent to \_\_\_\_\_, its agents and/or representatives to obtain and collect information about my previous unemployment benefits. The information may include all data collected, created, received, retained or disseminated by your department.

I understand that the information gathered will aid in determining my suitability for employment with the office. I also understand that once this information is released it may be subject to further dissemination without my written consent.

This authorization is valid for one year, but I have the right to cancel it by providing a written notice to you of the revocation of my consent. A photocopy of this authorization will be treated in the same manner as the original.

Full Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

**2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

**3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.

**4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

**6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

**7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

## REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT		(For an effective records search, it is important that all service be shown below.)			SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE					
b. RESERVE SERVICE					
c. NATIONAL GUARD					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?		
<input type="checkbox"/> NO <input type="checkbox"/> YES _____			<input type="checkbox"/> NO <input type="checkbox"/> YES		

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above

Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran \_\_\_\_\_ (relation)

Other (specify) \_\_\_\_\_

2. **SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

St. Louis County Sheriff's Background  
 Name \_\_\_\_\_  
 2030 N. Arlington Avenue \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 Duluth MN 55811 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature (Please do not print.) \_\_\_\_\_  
 Date of this request ( ) \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_