

ST. LOUIS COUNTY SHERIFF'S OFFICE



BACKGROUND
INVESTIGATION QUESTIONNAIRE

DEPUTY SHERIFF –
CORRECTIONS and
COURT SECURITY

NAME OF APPLICANT: _____

Please return to:

ATTN: SGT Joshua Graves
ST. LOUIS COUNTY SHERIFF'S OFFICE
c/o Public Safety Building
2030 N. Arlington Avenue
Duluth, MN 55811
(218) 336-4343

Updated 02/2020

READ AND FOLLOW DIRECTIONS COMPLETELY

AN EQUAL OPPORTUNITY EMPLOYER

DIRECTIONS FOR COMPLETING THE INFORMATION FORM

1. When completing this form, please print clearly, using blue or black ink.
2. If you find that there is not space to answer a specific question, provide as much information as space permits, continuing your response on a separate sheet of paper. Include the number of the question and maintain the same format as in the background investigation form.
3. If a question does not apply to you, please write or type N/A.
4. Include any requested documents.
5. Please sign and initial the form where required. Please note that there are multiple releases that need to be filled out in order for us to contact anyone you list in this packet. Please make sure you have a release signed for each section of this packet.
6. If you have any questions during the completion of this form, you may contact: Sgt Joshua Graves, St Louis County Sheriff's Office at **(218) 336-4343**
7. When this packet is completed, please return to the following location:

ATTN: SGT Joshua Graves
St. Louis County Sheriff's Office
c/o Public Safety Building
2030 N Arlington Avenue
Duluth, MN 55811
(218) 336-4343

DATA PRACTICES ADVISORY

The following Background Questionnaire is used to determine whether you meet the requirements for continuation in the 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 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.

Applicant's Signature: _____

Date: _____

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

Applicant's Signature: _____

Date: _____

CERTIFIED DOCUMENTS

As an applicant for the position with the St Louis County Sheriff's Office, it is important that you provide information relating to your background.

The following is a list of certified documents that you **must** provide to the St Louis County Sheriff's Office as requested.

1. Military Records - DD 214 (if veteran) and/or GSA 180 (if worked for the military).
2. High School Diploma and Transcripts or equivalent.
3. Birth Certificate.
4. Driver's License.

Applicant's Signature: _____

Date: _____

REJECTION CRITERIA FOR ST LOUIS COUNTY SHERIFF'S OFFICE APPLICANTS

The following **MAY** result in the withdrawal of the conditional job offer, or termination from employment:

- Felony Conviction (including pardons).
- Felony and Gross Misdemeanor Drug Conviction.
- Criminal Sexual Misconduct Conviction.
- Gross Misdemeanor Conviction in last 5 years.
- Conviction of a Domestic Assault.
- Conviction of Assaulting or Eluding a Police Officer.
- Evidence that the applicant has misrepresented or falsified any information to the Department.
- Dishonorable discharge from the military.

MINIMUM SELECTION STANDARDS AND PROCESS

1. The applicant shall successfully complete a background packet and pass through the background process.
2. An interview with an interview panel and be chosen for a conditional job offer.
3. 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 job duties. For a list of requirements on this physical, please see the job description for the position you are applying for.
4. Pass a drug test administered by a local clinic.

Applicant's Signature: _____

Date: _____

APPLICANT INFORMATION

1. What is your full name?

(Last)

(First)

(Middle)

2. Give any other names you have used or been known by, and give reasons for the change. If none, so state.

3. Where were you born? _____

(City)

(County)

(State)

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:

ATTN: SGT Joshua Graves
St. Louis County Sheriff's Office
c/o Public Safety Building
2030 N Arlington Avenue
Duluth, MN 55811
(218) 336-4343

Initial here _____

4. Date of Birth: _____
(Month/Day/Year)

5. Social Security Number: _____

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary, the Social Security Number will be used for identification purposes to ensure that proper records are obtained.

6. Are you eligible to work in the United States? _____

7. Email Address: _____

RESIDENCE

1. Where do you now reside? _____
(Street Address) (Apt. Number)

(City) (County) (State) (Zip)

Telephone Number: () _____

2. How long have you resided there _____

3. In chronological order, state each and every place in which you have lived during the past **seven years**, beginning with your present address. (Include all addresses while you were in school and the military.)

From	To	Street Address, Apt. Number,
Mo. Yr.	Mo. Yr.	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please list all who reside with you currently and the relationship

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for each residency listed. Complete an additional "Authorization for Release of Information Agreement" for each Law Enforcement Agency having jurisdiction over each residence listed.

Initial here: _____

FAMILY RELATIONSHIPS

1. Give the name of your father, mother (family name), sisters, and brothers.
(If deceased, please indicate):

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

Relationship: _____
Name: _____
Address: _____
Email Address: _____
Phone #: _____

PERSONAL REFERENCES

1. List three personal references:

<hr/>		<hr/>
Name		Email Address
<hr/>	<hr/>	<hr/>
Years known	Occupation	Phone Number
<hr/>		<hr/>
Name		Email Address
<hr/>	<hr/>	<hr/>
Years known	Occupation	Phone Number
<hr/>		<hr/>
Name		Email Address
<hr/>	<hr/>	<hr/>
Years known	Occupation	Phone Number

1. List the names of all Peace Officers and/or Corrections Officers with whom you are acquainted.

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

Name	Email Address	Phone
------	---------------	-------

CRIMINAL HISTORY

1. As an adult, have you ever been convicted of a crime? (Excluding parking and moving traffic violations)

Yes _____ No _____

If yes, give details:
(Include dates, agency, charges, and disposition)

2. Have you ever been named as a defendant in a criminal proceeding?

Yes: _____ No: _____ If yes, give details: _____

3. Have you ever been arrested in MN or any other state?

Yes: _____ No: _____ If yes, give details: _____

4. Have you ever had a conviction expunged or pardoned?
Yes: _____ No: _____ If yes, give details: _____

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

Date of Contact: _____

Agency: _____

Type of Contact: _____

Date of Contact: _____

Agency: _____

Type of Contact: _____

Date of Contact: _____

Agency: _____

Type of Contact: _____

Date of Contact: _____

Agency: _____

Type of Contact: _____

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 _____

EDUCATION

1. List chronologically (earliest dates first) all high schools, technical schools, and colleges you have attended.

School	Address
From (Mo./Yr.) To (Mo./Yr.)	Diploma or Degree earned

School	Address
From (Mo./Yr.) To (Mo./Yr.)	Diploma or Degree earned

School	Address
From (Mo./Yr.) To (Mo./Yr.)	Diploma or Degree earned

NOTE: You must, at your own expense, immediately forward a copy of your high school transcripts to the following address:

ATTN: SGT Joshua Graves
St. Louis County Sheriff's Office
c/o Public Safety Building
2030 N Arlington Avenue
Duluth, MN 55811
(218) 336-4343

Initial here _____

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

Initial here _____

Email Address: _____

Reason for Leaving: _____

(Name of Employer) (Address)

(From: Mo./Yr.) (To: Mo./Yr.) (Immediate Supervisor)

(Contact Person) (Phone)

Email Address: _____

Reason for Leaving: _____

(Name of Employer) (Address)

(From: Mo./Yr.) (To: Mo./Yr.) (Immediate Supervisor)

(Contact Person) (Phone)

Email Address: _____

Reason for Leaving: _____

(Name of Employer) (Address)

(From: Mo./Yr.) (To: Mo./Yr.) (Immediate Supervisor)

(Contact Person) (Phone)

Email Address: _____

Reason for Leaving: _____

(Name of Employer) (Address)

(From: Mo./Yr.) (To: Mo./Yr.) (Immediate Supervisor)

(Contact Person) (Phone)

Email Address: _____

Reason for Leaving: _____

4. Were you ever discharged or asked to resign from employment:

Yes: _____ No: _____

List name of employer: _____

Contact Person/Phone/Email Address:

5. Were you ever subjected to disciplinary action in connection with any employment?

Yes: _____ No: _____

List name of employer: _____

Contact Person/Phone/Email Address:

6. Have you ever been a subject of a background investigation conducted by a law enforcement agency which was considering you for employment?

Yes: _____ No: _____

Agency: _____ **Investigation Date:** _____

Status: _____

Agency Email Address: _____

Agency Phone number: _____

Agency Address: _____

Agency: _____ **Investigation Date:** _____

Status: _____

Agency Email Address: _____

Agency Phone number: _____

Agency Address: _____

Agency: _____ **Investigation Date:** _____

Status: _____

Agency Email Address: _____

Agency Phone number: _____

Agency Address: _____

7. Have you ever been fingerprinted for employment reasons?

Yes: _____ No: _____

8. Have you participated in an internship with a law enforcement or corrections agency?

Yes: _____ No: _____

If yes, list agencies, contact information and dates: _____

RELEASE NOTICE: You must complete an "Authorization for Release of Information Agreement" for **EACH** agency and employment listed above.

Initial here _____

MILITARY AND SELECTIVE SERVICE

1. If you are a male and were born after 1960, have you registered with the Selective Service?

Yes: _____ No: _____

If yes, provide Selective Service Number:

If no, please explain why: _____

2. Have you ever served in an active military organization of the United States?

Yes: _____ No: _____ If yes, give details:

3. Have you ever served in a military organization of any foreign government?

Yes: _____ No: _____ If yes, give details:

4. Give Branch of Service: _____

Military Specialty: _____

5. Rank held: _____ Service Serial #: _____

6. What is the type of your discharge(s) or separation(s): (honorable, dishonorable, honorable conditions, medical, etc.?) Be exact.

Reason: _____

7. Has your discharge or separation notice ever been corrected or changed?

Yes: _____ No: _____

8. What was the nature of the change? Changed from:

9. Were you ever court martialed, tried or charged, or were you the subject of a summary court, deck court, captain's mast, company punishment, or any other disciplinary action?

Yes: _____ No: _____ If yes, how many times? _____

Give details of charges, agency concerned, dates and dispositions:

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

ATTN: SGT Joshua Graves
St. Louis County Sheriff's Office
c/o Public Safety Building
2030 N Arlington Avenue
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 _____

Additional Questions

1. Are you presently a user of non-prescription controlled substances or a user of prescription controlled substances in a manner other than prescribed?

Yes: _____ No: _____

If yes explain: _____

2. Are you or have you been associated with a member of any gang or criminal association?

Yes: _____ No: _____

If yes explain: _____

3. Do you have any close friends, family members or household members who are associated with or a member of a gang or criminal organization?

Yes: _____ No: _____

If yes explain: _____

FINANCIAL

1. 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 financial institution _____

Address: _____

Type of Account: _____

Name of financial institution: _____

Address: _____

Type of Account: _____

Name of financial institution: _____

Address: _____

Type of Account: _____

Name of financial institution: _____

Address: _____

Type of Account: _____

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

Initial here _____

2. Have you ever defaulted on a student loan from a governmental or private agency?

Yes: ____ No: ____ If yes, give details: _____

3. Have you ever filed bankruptcy? _____

4. Have you ever had an account turned over to a collection agency for failure to pay or late payment? Yes: _____ No: _____

LITIGATION

1. Were you ever a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice that you may be a defendant in a civil action or proceeding? (This includes Harassment Orders, DANCO's, Protection Orders and Judgements)

Yes: _____ No: _____ indicate every civil action or proceeding?

(Date) (Title of Action or Proceeding) (Court Disposition)

(Date) (Title of Action or Proceeding) (Court Disposition)

(Date) (Title of Action or Proceeding) (Court Disposition)

(Date) (Title of Action or Proceeding) (Court Disposition)

(Date) (Title of Action or Proceeding) (Court Disposition)

RELEASE NOTICE: For each item above, complete an "Authorization for Release of Information Agreement".

Initial here _____

DRIVER AND VEHICLE HISTORY

1. Do you or did you possess a Minnesota driver's license?
Yes: _____ No: _____ If yes, complete the following:
Driver's license number: _____
Type of license: _____

2. 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:
Name of state: _____
Type of license: _____

3. Was your driver's license or other vehicle operator's license ever:
Revoked? Yes: _____ No: _____
Suspended: Yes: _____ No: _____

Which license? _____
When? _____
Where? _____
Why? _____
Final disposition: _____

7. Have you ever been refused a driver's license? Yes: _____ No: _____
If yes, give details: _____

8. Are there any limitations on your Driver's License?
Yes: _____ No: _____

If yes, please explain.

9. As an adult, have you ever received a summons for violation of any law in this state or any other state? (Exclude parking violations)
Yes: _____ No: _____ If yes, insert the information below.

Date: _____
Violation: _____
Location: _____
Court disposition: _____
Agency concerned: _____

Date: _____

Violation: _____

Location: _____

Court disposition: _____

Agency concerned: _____

Date: _____

Violation: _____

Location: _____

Court disposition: _____

Agency concerned: _____

Date: _____

Violation: _____

Location: _____

Court disposition: _____

Agency concerned: _____

Date: _____

Violation: _____

Location: _____

Court disposition: _____

Agency concerned: _____

Date: _____

Violation: _____

Location: _____

Court disposition: _____

Agency concerned: _____

Date: _____

Violation: _____

Location: _____

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 _____

ST LOUIS COUNTY SHERIFF'S OFFICE
PREA HIRING/PROMOTION COMPLIANCE QUESTIONS

(Required under 115.17 of PREA Standard)

1. Have you engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? (Circle one)

Yes: _____ No: _____

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? (Circle one)

Yes: _____ No: _____

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in question 2? (Circle one)

Yes: _____ No: _____

Above answers are true and correct: (print name): _____

Signature: _____

Witness: _____

AUTOBIOGRAPHY FORM

There are several reasons that this agency is requesting this information. In particular, this agency is interested in activities or events in your life. We are interested in learning why the criminal justice area appeals to you and what you think you can contribute to our agency. Furthermore, this exercise will be used to assess your ability to express yourself in writing and to demonstrate that you possess the necessary written skills (spelling, grammar, punctuation, etc.) to adequately function in their job.

Minnesota Statutes Sec. 363.03, subd. 4(a) forbids agencies to seek and obtain any information regarding race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability or age. Therefore, we request that you make no mention of status regarding these protected classes in your autobiography. Failure to comply with this request may result in the elimination of the autobiography and may affect your potential consideration for employment with this agency.

Instructions:

1. Write or print as clearly and legibly as possible.
2. Use a pen or ball point.
3. Write on white 8.5" x 11" paper, lined or unlined.
4. Sign your autobiography using your normal signature.
5. Attach completed autobiography to the end of your background packet.

SIGNATURE PAGE

THIS STATEMENT MUST BE SIGNED

I attest that all of the statements made by me in this Application 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 examination for at least two (2) years; I further understand that omission of any information from this application may be cause for my rejection, or removal from any eligible list, or dismissal if employed.

Signature of Applicant

Date

APPENDIX AND RELEASE FORMS

****INSTRUCTIONS FOR COMPLETING RELEASE FORMS**** Read and follow instructions carefully

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)
- _____ Request Pertaining to Military Records
- _____ Credit Report Release
- _____ Informed Consent for Release of Information
- _____ Informed Consent for State Department of Unemployment Benefits
- _____ 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. Page 31.**

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.

Get DVS form here: <https://dps.mn.gov/divisions/dvs/forms-documents/Documents/RecordRequestForm.pdf>

7.) Request copies of any out of state driver's license records, if applicable, and have the documents sent to:

ATTN: SGT Joshua Graves
St. Louis County Sheriff's Office
c/o Public Safety Building
2030 N Arlington Avenue
Duluth, MN 55811

8.) If you have any questions, contact Sgt. Joshua Graves, St. Louis County Sheriff's Office at (218) 336-4343

Saint Louis County Sheriff Ross Litman

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

To:	Name	Address	E-Mail

I, _____, am an applicant for a position 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 an employee.

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. 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.

Written Signature	Printed Name	Date
Address		Telephone Number
Signature of background investigator		
Name	Law Enforcement Agency	

CREDIT REPORT RELEASE

Notice to 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:

Date	
Full Printed Name	
Former Name(s)	
Present Address	
Former Addresses	
Written Signature	

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: _____
Date: _____

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:

Former names, including nicknames:

Driver's License Number: _____

State Issued: _____ Date of Birth: _____

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: _____