INDEPENDENT SCHOOL DISTRICT NO. 701
Hibbing Public Schools
8th Avenue East & 21st Street
Hibbing, Minnesota 55746
Telephone (218)208-0849
Minnesota Statute 123.B.03-Informed Consent

Date: _____

The following named individual has made application with the School District for employment or provision of athletic coaching services or other extracurricular academic coaching services:

Full Name of Applicant: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____
Month/Day/Year

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to I.S.D. No. 701, pursuant to Minnesota Statutes 123B.03 for the purpose of employment as a _____ with this School District.

CONDITIONAL HIRING: I understand that the School District may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic coaching services pending completion of the criminal history background check and acknowledge and agree that my employment or services may be terminated based on the result of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

_____ _____
Signature of Applicant Date

The school district will forward this executed form, along with your cashier's check, personal check or money order in the amount of $15.00, payable to Minnesota Bureau of Criminal Apprehension, to St. Paul.

Please note that your contract will not be valid until this form is returned to the school district by the BCA.