

INDEPENDENT SCHOOL DISTRICT NO. 701

**Hibbing Public Schools
800 East 21st. Street
Hibbing, MN 55746
Telephone 218-208-0848**

Minnesota Statute 123B.03 - Informed Consent

Date: _____

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

Full Name of Individual: (please print)

Last

First

Middle

Maiden, Previous,

Alias: _____

Date of Birth: _____
Month/Date/Year

Sex (M or F): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to **I.S.D. No. 701**, pursuant to Minnesota Statutes §123B.03, for 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 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, money order or a personal check in the amount of \$15.00, payable to the 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.