

Highland Friendship Club
P.O. Box 16437
Saint Paul, Minnesota 55116
651-698-4096
NON-PROFIT Organization - Account Number: T516984096

Criminal Background Check – Informed Consent Form

In connection with your employment or application for employment, a criminal background report will be obtained by the Highland Friendship Club. The following information is necessary for identification purposes to conduct the criminal background check. This information will not be used for any other purpose.

PLEASE PRINT CLEARLY

Date: _____

Last Name of Applicant:(please print)_____

First Name: (please print)_____

Middle Name: (full, please print)_____

Maiden, Alias, or Former: (please print)_____

Date of Birth:_____ Gender: (M or F):_____

Month/Day/Year

Social Security Number:_____

Current Address:_____

(Street, City, State, Zip Code)

Please list any other cities, states and/or counties in which you have lived during the past 7 years:

____ Please check here if you wish to receive a copy of the criminal record obtained by the Highland Friendship Club. It will be mailed to you at the above address upon receipt of the report

AUTHORIZATION

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Highland Friendship Club in connection with my employment.

Signature of Applicant

Date

Notary: