

WASECA PUBLIC SCHOOLS

ISD 829

501 East Elm Avenue

Waseca MN 56093

Phone: (507) 835-2500

Date: _____

The following named individual has made application with this school district for employment.

Full Name of Applicant: (Last, First, Middle) _____

Maiden, Previous or Alias: _____

Date of Birth (Month, Day, Year): _____ **Sex** (M or F): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Independent School District #829, 501 East Elm Avenue, Waseca, Minnesota, pursuant to Minnesota State Statute 1238.03 for the purpose of employment as _____ with this school district.

CONDITIONAL HIRING: *I understand that the School District may permit me to commence my employment duties pending completion of the criminal background check and acknowledge and agree that I 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 (1) year from the date of my signature.*

Signature: _____ Date: _____

An Equal Opportunity Employer