

COLLEGE OF
Saint Benedict  **Saint John's**

UNIVERSITY

**Quad 154, Box 5000
Collegeville, MN 56321
Student Employment
Phone: 320-363-3855
Fax: 320-363-3102**

**Kari Koskinen Manager Background Check Act
Consent Form**

We are requesting a federal check on this individual as well.

(If you have not been a resident of MN for 10 or more years, please check this box requesting a state and federal check (*Pursuant to Minnesota Statutes Annotated, Chapter 299C.68*) and attach a fingerprint card.

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Hiring

Employee - Complete this Section:

Department: _____

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.66 to 299C.71.

(Please check appropriate boxes)

Are you currently a student? Yes No **Where?** CSB SJU/SOT Prep Other

Last Name of Applicant/Employee (please print): _____

First Name (please print): _____

Full Middle Name (please print): _____

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

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

How Long Have You Been A Resident Of Minnesota? _____

I understand that I have the following rights:

1. The right to be informed that the College of Saint Benedict/Saint John's University will request a background check on the applicant/employee to determine whether the applicant/employee has been convicted of a crime specified in section 299C.67, subdivision 2;
2. The right to be informed by the employer of the background check and to obtain from the employer a copy of the background check report;
3. The right to obtain from the employer any record that forms the basis for the report;
4. The right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, subdivision 4; and
5. The right to be informed by the employer if the applicant/employee's application to be employed by the College of Saint Benedict/Saint John's University or to continue as an employee has been denied because of the result of the background check.

I authorize this check to be done. _____
Employee Signature Date

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