

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

UNIVERSITY

37 South College Ave  
St. Joseph, MN 56374  
Student Employment  
Phone: 320-363-5388  
Fax: 320-363-6099

**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 federal check (*Pursuant to Minnesota Statutes Annotated, Chapter 299C.68*) and attach a fingerprint card.

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 Order of Saint Benedict 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 Order 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.*