

**EMT HIRING INFORMED CONSENT FORM**

Date: 10/14/2013

The following person has made application with Saint John’s University for employment as a volunteer Emergency Medical Technician.

Full Name of Applicant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Middle

Date of Birth: **\_\_\_\_ \_\_\_\_ \_\_\_\_**

Month Day Year

How long have you been a resident of Minnesota: **\_\_\_\_\_\_\_\_**

I authorize the Bureau of Criminal Apprehension and Federal Bureau of Investigation to disclose all information under Chapter 171 of Minnesota Session Laws, 1989 (Minn. Stat. 326.336) and Driver’s License check to Saint John’s University for the purpose of employment.

The expiration of this authorization shall be one year from the date of my signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**EMPLOYEE RIGHTS**

I understand that I have the following rights:

1). The right to be informed that the University will request a background check on the employee to determine whether the 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 response to 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 under section 13.04, subdivision 4, and

5). The right to be informed by the owner if the manager’s application to be employed by the owner or continue as an employee has been denied because of the result of the background check.

Revised 8/13/13