

**CSB**  
Acct #T203635500  
Student Employment  
Main 244  
37 South College Avenue  
Saint Joseph, MN 56374  
Phone: 320-363-5049  
Fax: 320-363-6099



**SJU**  
Acct #3203632508  
Student Employment  
Quad 154  
PO Box 5000  
Collegeville, MN 56321  
Phone: 320-363-2186  
Fax: 320-363-3102

*Non-Profit Organization*

## SECURITY OFFICER HIRING INFORMED CONSENT FORM

(Please complete using **Blue** or **Black Ink**)

*\*\*Fingerprint card must be completed and attached for **all** Security Officers.*

**Hiring Department:**            **Life Safety** or            **CSB Security**

**Are you currently a student?**    Yes            No

**If yes, where?**    **CSB**            **SJU/SOT**            **Other** \_\_\_\_\_

The following person has made application with the College of Saint Benedict/Saint John's University for employment as a Security Officer.

**Last Name** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Full Middle Name** (please print): \_\_\_\_\_

**Maiden, Alias or Former Last Name** (please print): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

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 the College of Saint Benedict/Saint John's University for the purpose of employment.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parental Signature/Date (If applicant is under 18 years of age)