



Background Consent Form
Minnesota Transitions Charter School
2872 26th Avenue South
Minneapolis, MN 55406
#612-722-9013

NON-PROFIT Organization Account Number: #6125245240

Date: _____

The following named individual has made application with this School for employment, athletic coaching services, extra-curricular academic services or is a member of the Board of Directors.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

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

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to Minnesota Transitions Charter School pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of _____ with this school district.

CONDITIONAL HIRING: I understand that MTCS may permit me to commence my employment duties or provide athletic coaching services or other extracurricular academic services pending completion of the criminal history background check and acknowledge and agree that my employment or services 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 year from the date of my signature.

Signature of Applicant _____ **Date** _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public