

INFORMED CONSENT FORM
BRAHAM AREA PUBLIC SCHOOLS - ISD #314
531 Elmhurst Ave S, Braham, MN 55006
320-396-3313

The following individual has made application with this School District to be employed as a(n)

_____.

Print Full First Name

Print Full Middle Name

Print Full Last Name

Date of Birth (Month/Day/Year)

Male or Female: _____

Driver's License Number

Maiden, Previous, Alias

I authorize Braham ISD 314 to request a criminal background check on me through the Minnesota Bureau of Criminal Apprehension or any other agency necessary to collect any available information, pursuant MN Statute 1998, 123B.03.

Conditional Hiring:

I understand that the School District may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that my employment 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

There is a \$15.00 fee for processing this form. Please attach your personal check payable to: Braham Area Public Schools.

**RETURN THIS FORM, WITH CHECK or CASH ATTACHED,
TO THE DISTRICT OFFICE --
(Attn: Nickie).**