



NOTICE AND CONSENT OF BACKGROUND CHECK
(This form is for Applicant Finalists only)

In order to further my evaluation as a candidate for employment with the City of Pequot Lakes, I hereby authorize it to conduct a comprehensive background check directly related to the position for which I am applying, which may include a criminal, driver's license, and motor vehicle record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested by authorized representatives of the City of Pequot Lakes. The information obtained will be used by the City of Pequot Lakes to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City of Pequot Lakes whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release any agency or person contacted in pursuit of this background check responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am not legally required to sign this authorization, but if I do not do so, the City of Pequot Lakes may be unable to adequately evaluate my qualifications for employment.

I also understand that if the City of Pequot Lakes denies me a position of employment, solely or in part because of my prior conviction of a crime, the City of Pequot Lakes will notify me in writing of the following, except as otherwise provided in Minnesota Statutes, section 364.09:

- (1) The grounds and reasons for the denial;
- (2) The applicable complaint and grievance procedure set forth in Minnesota Statutes, section 364.06;
- (3) The earliest date the applicant may reapply for employment; and
- (4) All competent evidence of rehabilitation will be considered upon reapplication.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by me by notifying the City of Pequot Lakes in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

Signature

Date

Applicant's Full Name: _____

Applicant's Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ State Issued By: _____

Signature of Potential Employer: _____ Date: _____

Phone: _____