



# Fridley Police Department

## BACKGROUND INVESTIGATION CONSENT/RELEASE



As an applicant for a business license, occupational license, employment or volunteer position, or independent contractor with the City of Fridley, I hereby give my informed consent for a personal background investigation to be conducted by the Fridley Police Department in accordance with Fridley City Code Chapter 8. The background investigation shall involve a check of criminal history records, driver's license records (if applicable) and predatory offender registry records concerning me, including information related to offenses which may have occurred when I was a juvenile. The information derived from the background investigation shall be used in the determination of whether my application is to be approved. I understand that I am under no legal obligation to consent to such investigation but my refusal to so consent may be the basis for denying my application. I affirm that the information I provide on this form is true and correct. I hereby release the City of Fridley from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent. This authorization shall be valid for sixty (60) days from the date of signature, but I reserve the right to cancel the authorization by providing written notice to the City.

**TYPE OR PRINT LEGIBLY – COMPLETE ALL REQUESTED INFORMATION**

**FOR PRE-EMPLOYMENT BACKGROUND ATTACH PHOTOCOPY OF IDENTIFICATION**

Type of Business License or Occupation License Applied For	or	Position Applied For
Name of Business or Occupation To Be Licensed		City Department <input type="radio"/> Recreation <input type="radio"/> Public Works <input type="radio"/> Finance <input type="radio"/> Fire <input type="radio"/> Police <input type="radio"/> HR/City Mgmt <input type="radio"/> Community Dev.

First Name	Middle Name	Last Name
Maiden, Previous and/or Alias Name		
Date of Birth	Age	Place Of Birth
Home Address		Sex <input type="radio"/> Male <input type="radio"/> Female    Race
City/State/Zip		

Have you ever been convicted of an offense relating to the type of license or position applied for, or of an offense involving alcohol or drug use, or of an offense involving intent to harm persons or things, or of an offense relating to theft or fraud?     YES     NO

*If yes, list jurisdiction, date, type of violation and disposition (use other side of form if necessary)*

For Positions That Have a Driving Requirement	Driver's License Number	State Of Issue
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**TENNESSEN WARNING:** In connection with your application, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine your eligibility for the license or position sought.
2. You are not legally obligated to supply the requested information.
3. The consequence of supplying the requested information is that the information or further investigation could cause your application to be denied.
4. A criminal charge, arrest, or conviction will not necessarily be a disqualifier unless the crime(s) for which convicted relate directly to the license or employment sought, as per Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for denial of the application.
5. Other government agencies necessary to process your application are authorized to receive the information provided.
6. The City may be required by law to furnish some of this information to other government agencies.

**The undersigned acknowledges that he/she has read and understood the contents of this notice.**

Signature of Applicant	Date
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Printed Name of Parent or Guardian of Applicant Who Is Under 18 Years of Age

Signature of Parent or Guardian of Applicant Who Is Under 18 Years of Age	Date
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DO NOT WRITE BELOW THIS LINE - POLICE DEPARTMENT USE ONLY

Date Records Checks Run	Police Tech Initials	Reviewed By
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