CITY OF PLAINVIEW

241 WEST BROADWAY
PLAINVIEW, MN 55964

507-534-2229
FAX: 507-534-0163
WEB SITE: www.plainviewmn.com

The Heart of Greenwood Prairie

CONFIDENTIAL

INFORMED CONSENT

The following named individual has made application for employment with the City of Plainview. The City of Plainview Resolution 02-12 states that the Plainview Police Department is authorized to conduct a Minnesota criminal history background investigation on applicants for positions with the City. The applicant may be required to provide a driver's license number as part of the investigation. The provision shall apply only to an applicant who is a finalist for a paid or volunteer position with the City. Consideration will be given to the relationship between the nature of act resulting in conviction and the job the applicant is seeking in conformance with the requirements of the City's personnel policy. **Please print clearly.**

Last Name _____ First Name _____

Middle (full) _____ Maiden, Alias or Former _____

Gender (Circle One) **M** or **F** Date of Birth _____
(month/day/year)

Social Security Number _____ - _____ - _____

Do You Have A Current Driver's License? _____ Driver's License _____

Which City Department Are You Applying For? **Circle One.**

Park and Recreation	Ambulance	Fire	Police
Liquor Store	Public Works	City Hall	Library

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Plainview for the purpose of employment with the City of Plainview. The expiration of this authorization shall be one year from the date of my signature. If I become an employee or volunteer, a copy of this form and the result of the investigation will be kept by the City.

Signature of Applicant _____ Date _____

Signature of Notary _____ Date _____

Notary Stamp:

Revision: July 1, 2005