

**Authorization for Release of Information
Consumer Report / Investigative Consumer Report Disclosure**

Through this document, it is being disclosed to me and I understand that a Consumer Report or Investigative Consumer Report (“Consumer Report”) may be prepared about me as part of my volunteer application with the City of Brooklyn Park.

I authorize the City of Brooklyn Park, or a third party designated by the City of Brooklyn Park to procure a Consumer Report. I hereby authorize, without any reservation, the full release of these records to conduct the searches and investigations. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand and authorize that some or all of this information about me may be transmitted electronically. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders. I understand that these records may be used for the eligibility and qualification of my volunteer application.

I may request a copy of any report that is prepared regarding me and “A Summary of Your Rights under the Fair Credit Reporting Act.” I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: the City of Brooklyn Park Police Department, dependent on the type of background.

California, Minnesota or Oklahoma Resident ONLY: By checking this box, I request to receive a free copy of the ordered report.

I authorize the above-named company to procure a Consumer Report about me from American DataBank and/or the City of Brooklyn Park Police Department to inspect and gather information as necessary to determine whether any convictions of a crime(s) or moving violation may disqualify me for any employment position or duty associated with employment. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I authorize that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.

Signature _____ Date _____

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Authorization for Release of Information* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application.

PLEASE PRINT CLEARLY. *REQUIRED FIELDS

Last Name*		First Name*		Middle*		Date of Birth* (spell month)		
Street Address*				City*				
State/Province *		State County/Country*		ZIP/Postal Code*		Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer not to disclose <input type="checkbox"/>
LENGTH of Current Residency		Social Security Number*						
Email Address*			Phone (Primary)*			Phone (Secondary)		
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years*								
List any other NAMES you have used during the previous 7 years*								
List any other NAMES under which you received your GED, high school diploma, or other academic credentials*								
Driver's License Number*		Expiration*		Country/State of License*				
Highest Degree Earned and Major		Dates of Attendance (Start/End)		School Name, City, State and Country				
Professional License Name		License Number		County/State of		Date Issued	Expiration Date	
Position Title*		Department		Hiring Manager		<input type="checkbox"/> Permanent <input type="checkbox"/> Intern	<input type="checkbox"/> Seasonal/Temp <input type="checkbox"/> Volunteer	

Certain positions require a Bureau of Criminal Apprehension (BCA) Juvenile criminal background check under Minnesota Statutes Chapter 299C.62.