

ADVISORY FOR PROTECTED INFORMATION FORM

Read this advisory before completing this form:

The Minnesota Government Data Practices Act requires you to be informed that the following information which you have been asked to provide on the attached form is considered private data:

1. Your full name.
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names.
3. Date of birth.
4. Your race.
5. Your sex.

The purpose and intended use of this data is to conduct the background checks. The specific use of each category of data is described below:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is known to be listed.
2. In order to complete and send for evaluation fingerprint cards as may be required by statute (if required for position), the race and sex of the person fingerprinted must be entered on the fingerprint card.
3. In order to access criminal history data, date of birth, race, and sex must be supplied.

You are not legally required to provide the requested information; however, if you do not, the agency will be unable to conduct the required background checks and will be unable to process your application, and the agency will not be able to consider you for appointment.

The data will be available to you and to those in the appointing authority who have a bona fide need for the data.

The data may also be used for other purposes necessary for the administration of law, rules, or ordinance but will be disseminated only as required by law.

If you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public.

I have read and understand the information listed.

Full Printed Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)
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Signature	Date
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ADVISORY FOR BACKGROUND FORM

The background investigation form is to be completed to assist us during an investigation to determine whether to select you as a VOLUNTEER for the City of Becker.

Certain information requested on this application is classified as private data under the Minnesota Government Data Practices Act (MGDPA) Minn. Stat. CH. 13.01 et. seq., and may be released to you, to those in the appointing authority whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data, and to those for whom you provide a written informed consent authorizing disclosure. The public data you provide is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information on the form is private: your name; your address; and your telephone number. When you are certified as eligible or a finalist, your name becomes public. For this purpose, the MGDPA defines a finalist as an individual who is selected to be interviewed prior to selection.

You are not legally required to provide any of the requested information. However, if you do not do so, we will not be able to process your application or consider you for appointment to a position.

We ask this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam (if given);
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine if you meet licensing or certification requirements if appropriate for the position;
5. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
6. To enable us to ensure you rights to equal opportunities and to meet affirmative action goals;
7. To meet federal reporting requirements; and,
8. To make processing more efficient.

Before you are certified as eligible for appointment or considered a finalist for a position, only the following information you have been asked to provide is public: Veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. The remainder is private. If you are certified as eligible or become a finalist, your name becomes public.

I have read and understand the information stated above.

Full Printed Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)
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Signature	Date
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General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act

To: _____

I, _____, hereby authorize and grant my informed consent to permit you,
(Full Printed Name(First, Middle, Last)

_____, to release to and make available to the City of Becker and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Becker to have access to this information is to determine my suitability for employment with the City of Becker. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City of Becker, including verification of my records and analysis by consultants to the City of Becker who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

Signature Date

BACKGROUND INVESTIGATION FORM
PLEASE PRINT

Date: _____ **Phone Number:** _____

Last Name of Applicant: _____

First Name: _____

Middle Name: _____

Maiden, Alias, or Former Names: _____

Date of Birth: _____ **Sex (M or F):** _____

Driver's License Number (Include State of Issuance): _____

Please list other residences in last 7 years (attach additional pages if necessary):

From Month / Year: _____ **To Month / Year:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

From Month / Year: _____ **To Month / Year:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

From Month / Year: _____ **To Month / Year:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____