



CITY OF JACKSON CRIMINAL BACKGROUND CHECK CONSENT FORM

The following individual has made application with the City of Jackson for employment

Last Name (please print): _____

First Name (please print): _____

Middle Name (please print): _____

Maiden, Alias, for Former (please print): _____

Date of Birth: _____

Gender (Circle One): Male Female

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal apprehension to disclose all criminal history record information to the Jackson County Sheriff's Office for the purpose of employment with the City of Jackson.

Signature Date

Notary Acknowledgement

State of Minnesota, County of _____ on _____, 20__ personally appeared before me, _____, whose identity I verified on the basis of _____ to be the signer of the above and he/she acknowledged that he/she signed it.

Notary Public