

CRIMINAL RECORD AUTHORIZATION AND RELEASE FORM

Volunteers and Student Teachers

OCA #: T126272040

MINNEAPOLIS PUBLIC SCHOOLS - Special School District No. 1
 1250 WEST BROADWAY, MINNEAPOLIS, MN 55411
 Volunteers: Volunteer Services 612-668-0500
 Student Teachers: Human Resources 612-668-0500

The following named individual has made application with this school district for employment as (check one):

- Volunteer (any non-MPS employee) at: _____ school.
- Pre-Student Teacher _____ school.
- Student teacher at _____ school.

STUDENT TEACHERS ONLY

Dates you will be student teaching ____ / ____ /20__ to ____ / ____ /20__
 College or University: _____

Last Name of Applicant (Please print): _____ Home Phone: (____) _____
 First Name (Please print): _____ Work Phone: (____) _____

Middle (Full) (Please print): _____

Maiden, Alias or Former (Please print): _____

Date of Birth: ____ / ____ /19__ Sex: Female Male Social Security #: ____ - ____ - ____

Address (Please print): _____
 City _____ State _____ ZIP _____

Have you ever resided or worked outside the state of Minnesota? Yes No

If you answered "yes", list the state(s) in which you have resided and/or worked:

I hereby authorize Minneapolis Public Schools to obtain the following information in connection with my application for employment in accordance with Minn. Stat. 123B.03, or, if hired, at anytime during my employment: criminal and/or motor vehicle records (from the Bureau of Criminal Apprehension, Federal Bureau of Investigation, or consumer reporting agency), employment records, educational records, consumer reports, consumer investigative reports including credit reports obtained through a consumer reporting agency, personal references and other job related data provided on this application or via the interview process. I acknowledge that Minneapolis Public Schools has informed me that it may make use of this information in evaluating my application for employment, and in Minneapolis Public School's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment with Minneapolis Public Schools. I hereby authorize Minneapolis Public Schools to make use of the above referenced information and release Minneapolis Public Schools and any entity that provides information to Minneapolis Public Schools from liability in connection with this information. Any offers of employment are contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, during my employment.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am accepted and placed as a volunteer or hired as a student teacher. If a volunteer, I have read and understand the appropriate volunteer Job Description, District Policies and Guidelines, and other information provided.

This authorization shall be valid for one year from the date of my signature unless I notify the District otherwise within due year.

Signature: _____ Date: ____ / ____ / ____

Please include a check for \$5 made out to "Minneapolis Public Schools" and return all 4 pages to:
 Human Resources – Student Teachers, 1250 West Broadway, Minneapolis, MN 55411

CRIMINAL RECORD HISTORY INFORMED CONSENT FORM

MINNEAPOLIS PUBLIC SCHOOLS- Special School District No. 1 Human Resources Department

I, _____ understand that the Minneapolis Public Schools,

Applicant's Name -- (Please Print)

Special School District No. 1 is seeking background check data pursuant to Minn. Stat. § 299C.62 et seq., the Minnesota Child Protection Background Check Act ("Act") and Minn. Stat. §13.05 subd. 4 as part of my application for employment, or ongoing service with the School District. I acknowledge that the District has informed me of my rights under these laws, including:

- 1) The right to be informed that the School District will request a background check on me as a children's service worker;
 - a) for purposes of employment or continuation of employment;
 - b) to determine whether I have been convicted of any Background Check Crime;
- 2) The right to be informed by the School District of the Bureau of Criminal Apprehensions' ("BCA") response to the background check and to obtain from the School District, if I request in writing, a copy of the background check report;
- 3) The right to obtain from the BCA any record that forms a basis for the report;
- 4) The right to challenge the accuracy and completeness of any information contained in the report or record under the relevant provisions of the Data Practices Act;
- 5) The right to be informed by the School District if my application to be employed with, or opportunity to continue as an employee has been denied because of the BCA's response.

Indicate which of the following crimes you have been convicted of by checking the box in front of the crime. (Under Minnesota Statute Section 609.02, Subd. 5, a conviction is a plea of guilty or a verdict of guilty by a jury or a finding of guilty by the court.)

- | | |
|---|---|
| <input type="checkbox"/> Causing death of minor while committing child abuse | <input type="checkbox"/> Criminal sexual conduct - 1st degree |
| <input type="checkbox"/> Assault in the 1st degree | <input type="checkbox"/> Criminal sexual conduct - 3rd degree |
| <input type="checkbox"/> Assault in the 3rd degree | <input type="checkbox"/> Criminal sexual conduct - 4th degree |
| <input type="checkbox"/> Assault in the 5th degree | <input type="checkbox"/> Malicious punishment of a child |
| <input type="checkbox"/> Solicitation, inducement and promotion of prostitution | <input type="checkbox"/> Receiving profit derived from prostitution |
| <input type="checkbox"/> Solicitation of children to engage in sexual conduct | <input type="checkbox"/> Neglect or endangerment of a child |
| <input type="checkbox"/> Controlled substance crime - 1st degree | <input type="checkbox"/> Felony Level Assault |
| <input type="checkbox"/> Controlled substance crime - 2nd degree | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Murder | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Criminal Sexual Conduct |
| <input type="checkbox"/> Any assault crime against a minor (person under age 18) | <input type="checkbox"/> Prostitution-Related Crimes |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful sale of a mixture containing a controlled substance to a person under age 18 or conspiring with employing a person under age 18 to unlawfully sell a mixture containing a controlled substance.) | |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful possession of a narcotic drug or a mixture containing methamphetamine or amphetamine in a school zone, park zone, or a public housing zone.) | |
| <input type="checkbox"/> Controlled substance crime - 3rd degree (Unlawful possession of a mixture containing marijuana or tetrahydrocannabinals.) | |
| <input type="checkbox"/> Controlled substance crime - 4th degree (Unlawful sale of a controlled substance to a person under the age of 18, conspiring with or employing a person under age 18 to unlawfully sell a controlled substance or unlawfully selling marijuana or tetrahydrocannabinals in a school zone, park zone or public hearing zone except a small amount for no remuneration.) | |
| <input type="checkbox"/> Engaged in prostitution with a minor or hired, offered, or agreed to hire a minor to engage in sexual penetration or sexual contact.. | |

For every crime you have checked above, give the description of the type of crime and the particulars of the conviction or guilty plea. You must include the date, the place, and the details to the best of your memory.

Have you ever been convicted of any crime or offense against the law, or are there any charges pending, including felonies and misdemeanors (with the exception of parking tickets)?

Yes _____ No _____

If yes, please provide information for each offense: 1) charge convicted of, 2) date of conviction, 3) court and location, 4) action taken.

PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK POLICY

The Minneapolis Public Schools ("District") will request that applicants for District positions who receive an offer of employment will be subject to a background check as described in the Minnesota Child Protection Background Check Act, Minn. Stat. §299C.60 et. seq. ("Act") or other background checks as allowed by law. The offer of employment shall be conditioned upon a determination by the District that an applicant's criminal history does not preclude the applicant from employment with the District. If an applicant has resided in a state other than Minnesota, s/he will also be requested to consent to a Federal Bureau of Investigation ("FBI") background check.

In addition, if the District knows or has reason to believe that a current employee or volunteer has a criminal conviction that was not previously disclosed to the District by the current employee or volunteer, that individual will also be requested to consent to a background check(s) as described above. The District specifically reserves any and all rights it may have to conduct criminal background checks regarding current volunteers, applicants, or employees without the consent of such individuals.

Adherence to this policy by the District, its employees and job applicants or others shall in no way limit the District's right to require additional information or to use procedures currently in place or other procedures to gain information concerning criminal activities of employees and applicants.

Policy Adopted: 3/23/93

Legal Reference: Minn. Stat. §299C.60 et. seq.

My signature below confirms that I have read the District's Criminal Background Check policy and certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am accepted as a volunteer or hired as a student teacher.

Name (Please Print) Signature Date

Student Teachers: If you are mailing this form to Minneapolis Public Schools, you must sign the statement below in the presence of a licensed Notary Public.

On this _____ of _____ before me, _____ The undersigned Notary Public, personally appeared
Date Month Year Printed name of Notary Public

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name
Name of applicant Official Seal:

Is subscribed to the within instrument.

My commission expires: _____

Signature of Notary:: _____

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CONFIDENTIALITY AGREEMENT: Exhibit A

In consideration for the opportunity to obtain educational and/or practical experience through Special School District No. 1, Minneapolis Public Schools ("District"), I, the undersigned program student understand and accept the following conditions and responsibilities:

1. It is my responsibility to become familiar with and abide by the policies, regulations and rules established by the District as posted on the District's website, as well as any other guidelines provided by the District during the time of the program.
2. I shall not make any direct or indirect use of any District private or confidential information for my own personal gain or for any other purpose other than as required for the program and shall not disclose any private or confidential information to any person.
3. I shall not use the District's name, logo or any trademark for any promotional purposes, public announcements or disclosure without the written consent of the District.
4. I shall comply with all applicable state and federal privacy laws.
5. I shall not directly or indirectly collect, access, use or disclose private student, parent, volunteer or employee personal information obtained by or provided to me for or to any third party or for any other purpose than in accordance with the program.
6. Should I receive a request for information, I shall immediately forward that request to my District supervisor to handle.
7. I shall advise the District immediately in writing of a breach of privacy of personal information of any District student, parent, volunteer or employee or of a loss of any associated record, and shall take all reasonable and prompt measures to prevent any further breaches or losses.

The provisions herein shall survive the program. By signing this agreement I am agreeing to the terms and the conditions outlined.

Program Student Signature

Program Student Printed Name

This information will be used to meet requirements for the District program and will be accessible to your District supervisor and other District personnel with a need to know.

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