

**Minnesota Department of Public Safety
Human Resources
Background Information and Release Forms**

**MINNESOTA GOVERNMENT DATA PRACTICES ACT ADVISORY
AND
CONSENT FORM**

As an applicant for employment with the Minnesota Department of Public Safety (DPS), you are being asked to provide private and/or confidential information about yourself which will be used to evaluate your suitability for employment with this agency. Your signature on this form authorizes DPS to request a search of your records for any civil or criminal history, credit report, employment and education verification, personnel records, and driver's license information. I also permit DPS to verify with the Minnesota Department of Revenue my tax filing and payment status.

The purpose and intended use of this information is to conduct a background investigation. Your name, including former names, address, drivers license number and your date of birth are necessary to accurately access civil, criminal, credit history, employment and drivers license information. You are also requested to provide your sex, height, weight, hair and eye color, race, and your social security number to ensure that the records received are yours. You are asked about the nature of your citizenship. This information is used to determine if international record checks must be conducted.

I acknowledge I have been informed that some positions in DPS require the taking and submitting of my fingerprints.

Attached are document(s) which require you to provide personal information and/or your signature. You are being asked to provide the requested information and sign these document(s) in order to fully consider your suitability for employment with DPS. Although you are not legally required to provide the information being requested, or sign any release and authorization forms; any failure to do so may result in the inability to evaluate your suitability for employment in this position.

The private information that you provide may be released to:

- You;
- Persons authorized to have access to the information under state or federal law;
- Persons authorized by court order to have access to the information;
- Persons to whom you give written consent to have access to the information;
- DPS (including the Bureau of Criminal Apprehension) personnel having the need and right to know the information in order to fulfill their job responsibilities.

I authorize and grant my informed consent to DPS to request a search for employment purposes of my records for any civil or criminal history, credit report, employment verification, tax filing and payment status or driver license information.

Applicant Signature: _____ Date: _____

Printed Name of Applicant: _____

Human Resources Use:
Division Name:
PCN:
Hiring Supervisor:

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BACKGROUND INVESTIGATION QUESTIONNAIRE

You are required to notify the Department of Public Safety if any of the information provided changes after this background questionnaire has been completed and while you are still being considered for employment by our agency.

Personal Information

1. Name (PLEASE PRINT):

(Last) (First) (Middle)

2. List any other names (including nicknames/aliases, maiden names) you have used or have been known by:

3. Address: _____

Street Address City, State, Zip Code

E-mail Address: _____

4. Telephone Number(s):

Home: _____ Work: _____
Cell: _____ Other: _____

5. Date of Birth: _____

Place of Birth: _____

City State Zip Code

6. Social Security Number: _____ - _____ - _____

7. Are you a United States Citizen? Yes No

If not, what is your anticipated date of citizenship? _____

8. Driver License Number: _____ State of Issue: _____

Sex: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Race: _____

9. Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes No

If yes, please use the reverse side to provide a complete chronology of your offense history.
Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).