

VOLUNTEERS BACKGROUND INVESTIGATION PACKAGE



CANDIDATE NAME: _____

INVESTIGATOR: _____

TRACKING: _____

DIRECTIONS FOR COMPLETING THE BACKGROUND INVESTIGATIONS PACKET

1. Read and sign the Data Practices Advisory.
2. Have your signature notarized on the Background check for permission to obtain a criminal history from the Minnesota Bureau of Criminal Apprehension. The employment background is used for volunteers.
3. When completing this package, please print clearly. Use only black ink.
4. A release of information form will accompany this packet. You must provide an original signature for each reference or potential contact. Therefore, complete the background investigation package first and then determine the number of releases you will need, make copies and sign each one.
5. If you find that there is not enough space to answer a specific question, provide as much information as space permits; then continue your response on individual sheets of paper.
6. If a question does not apply to you, please write N/A (not applicable).
7. Include any requested documents.

PERSONAL DATA

1. Full Name: _____
(LAST) (FIRST) (MIDDLE)

2. Give any other names you have used or been known by and give reason for change:

3. Date of Birth: _____ / _____ / _____

4. Where were you born?

(CITY) (STATE) (COUNTY) (COUNTRY)

5. Social Security Number: _____

6. U.S. Citizenship _____ Yes _____ No

7. I.C.E. (I.N.S.) #: _____

REFERENCES

1. List the name of three friends and/or associates. Do not include former employers or school teachers.

NAME	OCCUPATION
FULL ADDRESS	HOME & WORK PHONE NUMBERS
NAME	OCCUPATION
FULL ADDRESS	HOME & WORK PHONE NUMBERS
NAME	OCCUPATION
FULL ADDRESS	HOME & WORK PHONE NUMBERS

2. List the names of law enforcement persons with whom you are acquainted.

NAME	ADDRESS OR AGENCY	PHONE NUMBER

CRIMINAL AND CIVIL LITIGATION

1. Were you ever a part of a criminal or civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a criminal / civil action or proceeding? _____ Yes _____ No
 Indicate below every action or proceeding that came before a court or judge such as bankruptcy, divorce, custodial issue, guardianships, lawsuits or criminal violations.

DATE	ACTION OR PROCEEDING	AS PLAINTIFF, DEFENDANT, PETITIONER, RESPONDENT	COURT DISPOSITION

2. Have you ever been named as a defendant in a criminal / civil proceeding?
 _____ Yes _____ No

If yes, provide name of court and date:

Fill out release forms for any actions listed.

3. Have you ever been fingerprinted? _____ Yes _____ No
 If yes, fill in the following:

DATE	WHERE	REASON FOR FINGERPRINTING

4. Have you ever been arrested in Minnesota, or any other State? If yes, fill the following:

DRIVER AND MOTOR VEHICLE RECORD

1. Do you or did you possess a Minnesota Driver's License? _____ Yes _____ No
If yes, complete the following:

Driver's License Number: _____ Type of License: _____

2. Do you or did you ever possess a driver's license issued by any state other than Minnesota?

_____ Yes _____ No If yes, provide the following information:

State: _____ Type of License: _____

(Complete Type I Release Form and List the Name of the State)

3. Was your driver's license or other vehicle operator's license ever revoked?

_____ Yes _____ No

4. Suspended? _____ Yes _____ No

Which License? _____

When? _____

Where? _____

Why? _____

Final Disposition: _____

RELEASE TYPE I



General Authorization and Release Pursuant to Minnesota Statute 13.05, Subd. 4 Minnesota Data Practices Act

To:

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to Wabasha County Sheriff, Rodney Bartsch and/or his 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 Wabasha County Sheriff's Office to have access to this information is to determine my suitability for employment with that office. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

(DO NOT INCLUDE ANY PHYSICAL OR PSYCHOLOGICAL INFORMATION)

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 the fact.

(Signature)

(Date)

WABASHA COUNTY SHERIFF'S OFFICE

848-17th Street East, Suite 1

Wabasha, MN 55981-5033

Fax to Sheriff's Office at (651) 565-3843

RE: BACKGROUND CHECK

I authorize the Minnesota Bureau of Criminal Apprehension to provide the Wabasha County Sheriff's Office any criminal history information for the purpose of obtaining employment with Wabasha County.

This authorization expires one year from the date of my signature.

Date: _____

Signature: _____

Signed before me this _____

Name: _____

Day

Day of _____, _____

Address: _____

Notary Public

My Commission Expires: _____

Date of Birth: _____

Social Security #: _____

Wabasha County Sheriff's Office

Criminal History Request Form

Date: _____

Full Proper Name: _____

Maiden Name: _____

AKA: _____

Drivers License # and State: _____

Has the above person's name ever changed? Yes No

Previous Name: _____

DOB: ____ / ____ / ____ Sex: _____ Race: _____