

Background Investigation

Use this form when the Employee/Volunteer/Coach/Student Teacher enters their own information into the database.

* DIRECTIONS *

To expedite processing of your background check, please follow these steps:

1. Complete all information requested below. *Do not skip any questions.*
2. Have your credit card available for payment. The fees are as follows:

* **Employee** - \$22.75 - Employee includes all EMPLOYEES and SUBSTITUTES

* **Volunteer** - \$14.00 - Volunteer includes all VOLUNTEERS-CHAPERONES/COACHES/STUDENT TEACHERS.

* **Minor (under age 18)** - \$5.00

**Applicants who have lived out-of-state will incur an extra fee for your search, depending on the state(s) you have lived in. Initially the system will charge an extra \$10 for your search, but final cost will be determined once you have entered all information into the background screening database and will be billed to you accordingly.*

3. Completed authorization forms and extra fees must be **hand delivered or mailed ON OR BEFORE YOUR FIRST DAY** to the following person:

VOLUNTEER = Deliver to the building you will be volunteering at.
COACH = Deliver to your Athletic Director.
STUDENT TEACHER = Deliver to the Secretary in the building where you will be student teaching.
EMPLOYEE = Deliver to Human Resources (see address at the bottom of this page).

Information requested below is needed to process your background information. This information is kept strictly confidential and is only accessible to those who have a need to know.

Please Type/Print Clearly

Job Title or Volunteer: _____ Telephone #: _____

Last Name: _____ First Name: _____ Middle Name: _____

E-mail Address: _____

Buffalo-Hanover-Montrose School District
Attn: Human Resource Department
 214 1st Avenue NE
 Buffalo, MN 55313

HR Office Hours: Monday-Friday (7:30 am - 4:00 pm)

Questions: 763-682-8712

☐ Date entered in T.E. _____ ☐ Date Printed _____

Background Investigation

Use this form when entering information on behalf of the Employee/Volunteer/Coach/Student Teacher if they do not have access to a computer or credit card

* DIRECTIONS *

Information requested below is needed to process your background information. This information is kept strictly confidential and will only be accessible to those who have a need to know.

Please Type/Print Clearly

Job Title or Volunteer: _____ Telephone #: _____

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Primary Phone #: _____ E-Mail address: _____

Birth Date: _____

Address History: (Please include all address history over the last 7 years. You may use a separate sheet if needed):

Current Address: Street: _____ City: _____ State: _____ Zip: _____

Previous Address: Street: _____ City: _____ State: _____ Zip: _____

Previous Address: Street: _____ City: _____ State: _____ Zip: _____

Previous Address: Street: _____ City: _____ State: _____ Zip: _____

APPLICANT'S ADMITTED OFFENSES:

You must list all convictions less than 15 years old, regardless of type. If your background check reveals an offense and you did not disclose that information on your authorization form, withholding that information may be grounds to disqualify you from employment/volunteering. Please note that most traffic tickets are misdemeanors and should be listed when you enter information on your report.

Have you ever been charged or convicted of a misdemeanor or felony crime? _____

If yes, please provide the following details (use extra sheet of paper if needed):

Offense: _____ City of Offense: _____ State of Offense: _____ Date of Offense: _____

Would you like a copy of your completed report?

☐ Yes

☐ No

Please provide a valid e-mail: _____

I hereby authorize School District 877 and/or Trusted Employees, and their agents to investigate my background as it pertains to employment/volunteer considerations. This may include investigations of employment history and performance, personal/professional references, educational history, licenses and information contained in public records including credit, criminal, motor vehicle data and worker's compensation. I release all persons, companies, and corporations furnishing such information from liability and responsibility. A copy of this document may be substituted for the original.

Signature Field _____ Date: _____