

Office of Human Resources

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Educational Services Center  
1350 West 106<sup>th</sup> Street  
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

**BACKGROUND INVESTIGATION  
AUTHORIZATION FORM**

*(Please read carefully before signing)*

**Print Full Name(First Middle Last):** \_\_\_\_\_

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, general reputation, personal characteristics and mode of living. The primary objective of any investigation will be to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report (if one is made) will be provided. You have the right to request details of the report from the consumer reporting agency.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month / Day / Year)

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other Names Used & Date Changed \_\_\_\_\_  
*(Including Maiden Name)* *(Year Changed)*

**Residence Address:**

*Street Address* \_\_\_\_\_ *City, State & Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of a felony crime? Yes \_\_\_ No \_\_\_

If yes, please explain in some detail, including what county and state, and in what year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Bloomington Public Schools ISD 271 and/or Trusted Employees and their agents to investigate my background as it pertains to employment and business considerations. This may include investigations of employment history and performance, personal and 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 or corporations furnishing such information from liability and responsibility. A photocopy of this document may be substituted from the original.

Signature of Applicant \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_  
(MN/CA/OK Residents Only): Do you wish to receive a copy of your consumer report? Yes \_\_\_ No \_\_\_

Please provide an email address: \_\_\_\_\_