CRIMINAL RECORD AUTHORIZATION AND RELEASE FORM Volunteers (any non-MPS employee) and Student Teachers

OCA #: T126272040

MINNEAPOLIS PUBLIC SCHOOLS - Special School District No. 1

1250 West Broadway Avenue, Minneapolis, MN 55411 Volunteers: Volunteer Services 612-668-3880 Student Teachers: Human Resources 612-668-0500

The following named individual has made applica			check one):	
☐ Volunteer (any non-MPS employee) at: _	Name of sci	nool here		school).
Pre-Student Teacher at:	Name of school	l here	schoo	ol).
Student teacher at: Nan			school).	
Student Teachers Only: Dates you will be student teaching College or University:				
Last Name of Applicant (Please print):		н	⊐ ome Phone: ()
First Name (Please print):		v	Vork Phone: (
Middle (Full) (Please print):				
Maiden, Alias or Former (Please print):				
Date of Birth: / /19	Sex: Female	☐ Male Socia	al Security #:	-
Address (Please print):				
City		State	ZIP	
Have you ever resided or worked outside	de the state of Minn	esota? 🗌 Yes	☐ No	
If you answered "yes", list the state(s)				
I hereby authorize Minneapolis Public School employment in accordance with Minn. Stat. records (from the Bureau of Criminal Apprehemployment records, educational records, of through a consumer reporting agency, person interview process. I acknowledge that Minne evaluating my application for employment, a promotion, reassignment, retention, and other authorize Minneapolis Public Schools to make and any entity that provides information to M of employment are contingent upon a satisfatinformation, at any time, during my employment	123B.03, or, if hired, at tension, Federal Burea consumer reports, consumal references and other eapolis Public Schools and in Minneapolis Public rerms and conditions are use of the above refinneapolis Public Schools ctory background invested in the section of	anytime during my ou of Investigation, or umer investigative reper job related data phas informed me the ic School's decisions of my employment erenced information tools from liability in construction.	employment: cri r consumer repo eports including provided on this at it may make us regarding hirin with Minneapoli and release Minonection with the	minal and/or motor vehicle orting agency), credit reports obtained application or via the use of this information in g, compensation, s Public Schools. I hereby nneapolis Public Schools his information. Any offers
I certify that all the information I have understand that giving false information dismissal if I am accepted and placed a understand the appropriate volunteer John	or omitting requested as a volunteer or hire	d information could ed as a student te	result in rejectacher. If a vo	tion of my application or lunteer, I have read and
This authorization shall be valid for one year	from the date of my si	gnature unless I noti	ify the District ot	herwise within due year.
Signature:		D	ate:/	
Please include a check for \$5 made out	to "Minneapolis Pu	blic Schools" and	l return all 4 p	ages to:

Human Resources - Student Teachers/Volunteers, 1250 West Broadway Avenue, Minneapolis, MN 55411

CRIMINAL RECORD HISTORY INFORMED CONSENT FORM

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

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I, _	Applicantia Navy (Discos Brital)	understand that the Minneapolis Public Schools,			
Bac	Applicant's Name – (Please Print) cial School District No. 1 is seeking background check data pursuant ckground Check Act ("Act") and Minn. Stat. §13.05 subd. 4 as part of mirrict. I acknowledge that the District has informed me of my rights under the control of the control o	y application for employment, or ongoing service with the School			
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.				
	cate which of the following crimes you have been convicted of by checkir .02, Subd. 5, a conviction is a plea of guilty or a verdict of guilty by a jury				
	Causing death of minor while committing child abuse	☐ Criminal sexual conduct - 1st degree			
	Assault in the 1st degree	☐ Criminal sexual conduct - 3rd degree			
	Assault in the 3rd degree	☐ Criminal sexual conduct - 4th degree			
	Assault in the 5th degree	☐ Malicious punishment of a child			
	Solicitation, inducement and promotion of prostitution	☐ Receiving profit derived from prostitution			
	Solicitation of children to engage in sexual conduct	☐ Neglect or endangerment of a child			
	Controlled substance crime - 1st degree	☐ Felony Level Assault			
	Controlled substance crime - 2nd degree	☐ Kidnapping			
	Murder	Arson			
	Manslaughter	☐ Criminal Sexual Conduct			
	Any assault crime against a minor (person under age 18)	☐Prostitution-Related Crimes			
	Controlled substance crime - 3rd degree (Unlawful sale of a mixture conspiring with employing a person under age 18 to unlawfully sell a mix				
	Controlled substance crime - 3rd degree (Unlawful possession of amphetamine in a school zone, park zone, or a public housing zone.)	a narcotic drug or a mixture containing methamphetamine or			
	Controlled substance crime - 3rd degree (Unlawful possession of a mixtu	re containing marijuana or tetrahydrocannabinals.)			
	Controlled substance crime - 4th degree (Unlawful sale of a controlled employing a person under age 18 to unlawfully sell a controlled substa school zone, park zone or public hearing zone except a small amount for	nce or unlawfully selling marijuana or tetrahydrocannabinals in a			
	Engaged in prostitution with a minor or hired, offered, or agreed to hire a	minor to engage in sexual penetration or sexual contact			
	every crime you have checked above, give the description of the a. You must include the date, the place, and the details to the best of				

Have you ever been convicted of any misdemeanors (with the exception of parl	king tickets)?	nst the law, or are there	any charges pending,	including felonies and
Yes If yes, please provide information for each	S No n offense: 1) charge conv	icted of, 2) date of conviction	on, 3) court and location,	4) action taken.
PRE-E	MPLOYMENT CRIMIN	IAL BACKGROUND CH	ECK POLICY	
The Minneapolis Public Schools ("Diswill be subject to a background che §299C.60 et. seq. ("Act") or other badetermination by the District that an alf an applicant has resided in a stallnvestigation ("FBI") background check	eck as described in the ckground checks as all pplicant's criminal histo te other than Minneso	ne Minnesota Child Prot lowed by law. The offer ory does not preclude the	ection Background Ch of employment shall be applicant from employr	neck Act, Minn. Stat. be conditioned upon a ment with the District.
In addition, if the District knows or han not previously disclosed to the District background check(s) as described a background checks regarding current	t by the current employ bove. The District spe	ee or volunteer, that indi ecifically reserves any ar	ividual will also be requ nd all rights it may have	lested to consent to a e to conduct criminal
Adherence to this policy by the Distriction or to us activities of employees and applicants	se procedures currently			
Legal Reference: Minn. Stat. §299C.60	et. seq.		Po	olicy Adopted: 3/23/93
My signature below confirms that information I have provided on the false information or omitting requaccepted as a volunteer or hired as Name (Please Print	is form is true and co uested information co s a student teacher.	omplete to the best of i	my knowledge. I und n of my application c	derstand that giving
Student Teachers/Volunteers: If you are ma Notary Public.	iling this form to Minneapolis	s Public Schools, you must sign	n the statement below in the	presence of a licensed
On this of	before me, Printed r	name of Notary Public	he undersigned Notary Publi	ic, personally appeared
Name of applicant	, personally known to me	e or proved to me on the basis	of satisfactory evidence to be	e the person whose name
Is subscribed to the within instrument.		C	Official Seal:	
My commission expires:				
Signature of Notary::				

Please include a check for \$5 made out to "Minneapolis Public Schools" and return all 4 pages to:

Human Resources - Student Teachers/Volunteers, 1250 West Broadway Avenue, Minneapolis, MN 55411

CONFIDENTIALITY AGREEMENT

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 or volunteer 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 conditions outlined.	. By signing this agreement I am agreeing	g to the	terms	and th	16
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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