

CITY OF LANESBORO

202 Parkway Ave. S • P.O. Box 333 • Lanesboro, MN 55949 • (507) 467-3722 Fax (507) 467-2557 • lanesboro@acegroup.cc

www.lanesboro-mn.gov

INFORMED CONSENT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _______, authorize the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the City of Lanesboro and Preston Police Department in order to determine my suitability for licensure with City of Lanesboro. You may refuse to provide any requested data. However, a refusal will prevent the City of Lanesboro from conducting an adequate investigation of moral character and criminal history which in turn may cause your application for licensure to be removed from consideration.

I understand that this written consent is valid for one year, however it may be revoked by me at any time prior to the one year expiration date, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the City of Lanesboro and Preston Police Department terminating the consent.

Applicant Printed Nar	me:					
Maidan, Alias, Forme	er Names: _					
Driver's License Number:			Issuing State:			
Social Security Number:			Birthdate:			
Applicant Signature:			Date:			
		For Office	Use Only			
Run Date:	Ва	adge #:	ICR #: _			
Reviewed/Not Printed:	Date	Badge #				
Reviewed/Printed:	Date	Badge #	Destroyed:	Date	Badge #	

Please check to see that you have answered all questions, furnished the required documents, and signed and dated your application. If this information is not provided, your application will be considered incomplete and returned to you.

Every individual engaged in the practice of going door to door or in and upon private residences in the City of Lanesboro for a business, firm, corporation, or organization will have to fill out the Peddler's License and registration application.

Important - Read Carefully

In accordance with the Minnesota Government Data Practices Act, the City of Lanesboro is required to inform you of your rights as they pertain to the private information collected from you. At the time of the application for a City of Lanesboro License, only your name and address are public information; all other information is private. After approval of your application for a license, all information becomes public.

The information collected from you is used to review your qualifications for a license. If you do not supply the information we will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for licensing an individual or company. Persons of agencies with whom this information may be shared include the City of Lanesboro personnel working with the license application, the City Council, and the Preston Police Department, and additionally those individuals or agencies to whom you have given written permission.

If you have any questions about the information asked of you on the City of Lanesboro Peddler's license and registration application, please contact the Preston Police Department at 507-765-2153.



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CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA and the DPPA (Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)

Date:	Driver's Lic #	State Issued	
Last Name	First Name	Middle Initial	
Maiden and/or Other Last N	Names Used		
Current Address	City and County	State and Zip Code	
		Circle One:	
Date of Birth	Social Security Number	Male / Female	

This authorization and consent for release of personal information acknowledges that

The City of Lanesboro (Hereafter referred to as "City") and/or its police department may now, or at any time I am assigned to, volunteer with or am employed by this City, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in Minnesota? Yes ____ No____ If so, do you want a copy of any Consumer Report prepared concerning you? Yes ____ No ____

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

 Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this ______, 20_____, 20_____,

Applicant (Print Name) _____

Applicant Signature _____