

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION  
FORMS & INSTRUCTIONS**

- General Authorization – please complete and sign for each facility that background checks will be done. This release will be used to collect private data from sources that include, but are not limited to, those listed by you in this form (financial institutions, colleges, etc.)
- Data Practices Advisory - read and sign. "Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Racial/Ethnic Data, and Residence application. This means the information classified as Private is available only to you, and employees of the **City of Long Prairie** who have bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply the requested information may mean your application will not be considered.
- Informed Consent – read and sign. The information contained in the background investigation will be used only to determine your suitability for employment. The information provided will be accessible only to you, pertinent staff of the **City of Long Prairie**, or as provided for by Minnesota Statutes.
- If you have any questions, contact Theodore Gray, City Administrator at (320) 732-2167.

**CITY OF LONG PRAIRIE  
GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD. 4  
MINNESOTA DATA PRACTICES ACT**

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit, **LONG PRAIRIE POLICE DEPARTMENT**, to release to and make available to the *CITY OF LONG PRAIRIE* 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 Minnesota Statutes 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 your agency. I understand that the purpose of permitting the City of Long Prairie to have access to this information is to determine my suitability for employment with the City.

This authorization shall be valid for a period of one year, but I reserve the right to, and any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION AUTHORIZATION**

**Data Practices Advisory**

The information you are being asked to provide will be used for the purpose of conducting a background investigation to determine your suitability and qualifications for employment with the **City of Long Prairie (City)**.

"Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Racial/Ethnic Data, and Residence application.

This means the information classified as Private is available only to you, and employees of the **City** who have bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply the requested information may mean your application will not be considered.

Any false statement of any information or the intentional omission of the required information will result in your elimination from consideration and may be considered grounds for termination if discovered after employed.

Your name will become public data when you are certified as eligible to a vacancy, and if hired, the data specified in Minnesota Statutes, Section 13.43, subd. 2 becomes public.

**Consent**

As an applicant for a position with the **City of Long Prairie**, I consent to the conduct of a background investigation on me. I understand that the information I am providing is classified as private under the Minnesota Data Practices Act. I consent to the release of the information I am providing in the Background Investigation Form and any other information obtained as a result of this background investigation, as deemed necessary and appropriate by the **City**, to conduct a background investigation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF LONG PRAIRIE  
INFORMED CONSENT**

TO: BUREAU OF CRIMINAL APPREHENSION  
1246 UNIVERSITY AVENUE  
ST. PAUL MN 55104

FROM: CITY OF LONG PRAIRIE  
615 LAKE ST. S.  
LONG PRAIRIE, MN 56347

**Applicant Note:** The information contained herein is considered private data, and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have trouble determining your suitability for employment. The information provided herein will be accessible only to you, pertinent staff of the **CITY OF LONG PRAIRIE**, or as provided for by Minnesota Statutes.

**BCA Note:** The following person has applied for a job with the **CITY OF LONG PRAIRIE**, City policy requires that criminal history inquiries be made on applicants for employment in certain positions with the **CITY OF LONG PRAIRIE**.

Full Name \_\_\_\_\_  
(first) (middle) (last) (other)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

\*\*\*\*\*

I authorize the Bureau of Criminal Apprehension to disclose all information pertaining to my criminal history inquiry to the **LONG PRAIRIE POLICE DEPARTMENT**.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**THE APPLICANT SIGNATURE MUST BE NOTARIZED  
BEFORE THE INQUIRY CAN BE PROCESSED BY THE BCA**

State of Minnesota)  
County of \_\_\_\_\_) S.S.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**CITY OF LONG PRAIRIE  
MOTOR VEHICLE RECORD SIGNED RELEASE AUTHORIZATION**

|                                  |                        |               |
|----------------------------------|------------------------|---------------|
| Last Name First Name Middle Name |                        | Date of Birth |
| Street Address                   | Home Phone             | Work Phone    |
| City State Zip                   | Social Security Number |               |

**DRIVER LICENSE**

|   |          |                       |               |     |     |    |
|---|----------|-----------------------|---------------|-----|-----|----|
| List all driver licenses you have now, or have had in the past.             |          |                       |               |     |     |    |
| State   | Type     | Driver License Number | Status        |     |     |    |
| Have you at any time had your driver license restricted? Yes No             |          |                       |               |     |     |    |
| If yes, specify the circumstances.  |          |                       |               |     |     |    |
| Have you ever had a driver license revoked, suspended, or cancelled? Yes No |          |                       |               |     |     |    |
| Which license, When, Why:   |          |                       |               |     |     |    |
| As a driver, have you ever been involved in a motor vehicle accident?       |          |                       |               |     | Yes | No |
| Date  | Location | Investigative Agency  | Police Report | Yes | No  |    |
| Date  | Location | Investigative Agency  | Police Report | Yes | No  |    |
| Date  | Location | Investigative Agency  | Police Report | Yes | No  |    |

**I ALSO AGREE TO PROVIDE A CURRENT COPY OF MY MINNESOTA DRIVING RECORD TO THE CITY OF LONG PRAIRIE.**

**I CERTIFY THAT ALL OF THE STATEMENTS BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION, OR DISMISSAL IF EMPLOYED.**

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION FORM -CRIMINAL HISTORY**

|   |        |                      |             |    |
|---|--------|----------------------|-------------|----|
| Have you ever been charged with any non-traffic criminal violation? |        |                      | Yes         | No |
| Date  | Charge | Investigating Agency | Disposition |    |
| Date  | Charge | Investigating Agency | Disposition |    |
| Date  | Charge | Investigating Agency | Disposition |    |
| Date  | Charge | Investigating Agency | Disposition |    |

**I CERTIFY THAT ALL OF THE STATEMENTS BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION, OR DISMISSAL IF EMPLOYED.**

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_