CRIMINAL RECORD AUTHORIZATION AND RELEASE FORM Volunteers and Student Teachers

OCA#: T126272040

MINNEAPOLIS PUBLIC SCHOOLS - Special School District No. 1 1250 WEST BROADWAY, MINNEAPOLIS, MN 55411 Volunteers: Volunteer Services 612-668-3880

Student Teachers: Human Resources 612-668-0500

Student Teachers: H The following named individual has made application wi	uman Resources 612-668-0500 th this school district for employment as (check one):							
☐ Volunteer (any non-MPS employee) at:	Name of school here school.							
Pre-Student Teacher at:								
Student teacher atName of	school here school.							
STUDENT TEACHERS ONLY Dates you will be student teaching // /20 College or University:	AREA OF STUDY to/ /20							
Last Name of Applicant (Please print):	Middle Name (Full) (Please print):							
First Name (Please print):	laiden, Alias or Former (Please print):							
Email: Home/Cell Phone: ()								
Date of Birth: / /19 Sex: E	male 🗌 Male Social Security #:							
Address (Please print):								
City	State ZIP							
Have you ever resided or worked outside the state o	Minnesota? 🗌 Yes 🔲 No							
If you answered "yes", list the state(s) in which you	nave resided and/or worked:							
records (from the Bureau of Criminal Apprehension, Federal employment records, educational records, consumer report through a consumer reporting agency, personal references interview process. I acknowledge that Minneapolis Public Sevaluating my application for employment, and in Minneapolis promotion, reassignment, retention, and other terms and coauthorize Minneapolis Public Schools to make use of the aband any entity that provides information to Minneapolis Public	ired, at anytime during my employment: criminal and/or motor vehicle							
understand that giving false information or omitting red dismissal if I am accepted and placed as a volunteer	nis form is true and complete to the best of my knowledge. quested information could result in rejection of my application of or hired as a student teacher. If a volunteer, I have read and District Policies and Guidelines, and other information provided.							
This authorization shall be valid for one year from the date of	f my signature unless I notify the District otherwise within due year.							
Signature:	/							
Please include a check for \$5 made out to "Minnean	olis Public Schools" and return all 4 pages to							

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

CRIMINAL RECORD HISTORY INFORMED CONSENT FORM

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

Ι,	Applicant's Name – <i>(Please Print)</i>	understand that the Minneapolis Public Schools,					
Bac	cial School District No. 1 is seeking background check data pursuant to I kground Check Act ("Act") and Minn. Stat. §13.05 subd. 4 as part of my a rict. I acknowledge that the District has informed me of my rights under the	pplication 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 repo	ort;					
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.						
Indicate which of the following crimes you have been convicted of by checking the box in front of the crime. (Under Minnesota Statute Section 609.02, Subd. 5, a conviction is a plea of guilty or a verdict of guilty by a jury or a finding of guilty by the court.)							
	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 containing a controlled substance to a person under age 18 to unlawfully sell a mixture containing a controlled substance.)						
	 Controlled substance crime - 3rd degree (Unlawful possession of a narcotic drug or a mixture containing methamphetamine o amphetamine in a school zone, park zone, or a public housing zone.) 						
	Controlled substance crime - 3rd degree (Unlawful possession of a mixture of	containing marijuana or tetrahydrocannabinals.)					
(Controlled substance crime - 4th degree (Unlawful sale of a controlled substance to a person under the age of 18, conspiring with or employing a person under age 18 to unlawfully sell a controlled substance or unlawfully selling marijuana or tetrahydrocannabinals in a school zone, park zone or public hearing zone except a small amount for no remuneration.)						
	Engaged in prostitution with a minor or hired, offered, or agreed to hire a mir	or to engage in sexual penetration or sexual contact					
	every crime you have checked above, give the description of the type. You must include the date, the place, and the details to the best of y						

Have you ever been convicted of any crime or offense a misdemeanors (with the exception of parking tickets)? Yes No	against the law, or are there any charges p	pending, including felonies and			
If yes, please provide information for each offense: 1) charge c	convicted of, 2) date of conviction, 3) court and	location, 4) action taken.			
PRE-EMPLOYMENT CRI	MINAL BACKGROUND CHECK POLICY				
he Minneapolis Public Schools ("District") will request that applicants for District positions who receive an offer of employment ill be subject to a background check as described in the Minnesota Child Protection Background Check Act, Minn. Stat. 299C.60 et. seq. ("Act") or other background checks as allowed by law. The offer of employment shall be conditioned upon a etermination by the District that an applicant's criminal history does not preclude the applicant from employment with the District an applicant has resided in a state other than Minnesota, s/he will also be requested to consent to a Federal Bureau of exestigation ("FBI") background check.					
In addition, if the District knows or has reason to believe not previously disclosed to the District by the current emplackground check(s) as described above. The District background checks regarding current volunteers, applica	ployee or volunteer, that individual will also specifically reserves any and all rights it i	be requested to consent to a may have to conduct criminal			
Adherence to this policy by the District, its employees require additional information or to use procedures curre activities of employees and applicants.					
Legal Reference: Minn. Stat. §299C.60 et. seq.		Policy Adopted: 3/23/93			
My signature below confirms that I have read the D information I have provided on this form is true and false information or omitting requested information accepted as a volunteer or hired as a student teacher	d complete to the best of my knowledg n could result in rejection of my appli	e. I understand that giving			
Name (Please Print)	Signature	Date			
Student Teachers: If you are mailing this form to Minneapolis Public	c Schools, you must sign the statement below in the բ	presence of a licensed Notary Public.			
On this of before me, Print	The undersigned N	lotary Public, personally appeared			
	o me or proved to me on the basis of satisfactory evid	dence to be the person whose name			
Is subscribed to the within instrument.	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, 1250 West Broadway, Minneapolis, MN 55411

CONFIDENTIALITY AGREEMENT: Exhibit A

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 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 progra conditions outlined.	m. By signing this agreement I am agreeing	to the	terms	and	the
conditions outsined.					
Program Student/Volunteer Signature	Program Student/Volunteer 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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