



Background Study Release

Full Name: _____

Date of birth: _____

Physical address: _____

Mailing address (if different from physical address): _____

ID/ Driver's license: _____

State issuing ID/ Driver's license: _____

Social Security number: _____

Position you were hired for: Aide Assistant Teacher Teacher Director Other

Are you a US citizen? Yes or No

Please ensure that the next section matches your information on your photo ID/ Driver's License

Eye Color: _____

Hair Color: _____

Weight: _____

Height: _____

State of birth: _____

Race: _____

Have you lived outside of the state of Minnesota within the past 5 years? Yes or No

If yes, please list city and state here and dates of your occupancy: _____

Have you any prior names or aliases: Yes or No

If yes, list previous names here: _____

I certify that this form is filled out correctly and understand that this will be used to run the mandated DHS background study. All employment offers are contingent on the results of this study. This background check is not complete until you fulfill the fingerprint portion of this study.

Signature: _____ Date: _____

- Date background study ran _____
- Date study came back cleared _____
- Date of direct contact w/ children _____