

**CITY OF INVER GROVE HEIGHTS
AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION**



Last Name		First Name	Full Middle Name
Other names used (e.g. Maiden)	Purpose of Application (job title or license type)		Supervisor's Name (or N/A)

Date of Birth*		Social Security Number*	
----------------	--	-------------------------	--

**This information will be used for background screening purposes only*

Please list ALL of the addresses where you have lived during the past 7 years:				
# of years	Street Address (current and previous)	City	State	Zip Code

Licensing Applicants: Attach a copy of your Driver's License. Job Applicants: Complete if position requires driving.		
Driver's License Number	State Issued	Expiration Date
Email Address*	Phone Number*	

Job Applicants Only: If employed, may your current employer be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand that information. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the City of Inver Grove Heights (the "City") at any time after receipt of this authorization and throughout my employment (or volunteering), if applicable, or within one year of application for licensing. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified Credentials**, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com (and/or the City of Inver Grove Heights, 8150 Barbara Avenue, I.G.H., MN 55077). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. Further, I give my consent to the City to review my background information as needed to make a determination regarding my suitability for employment or licensing, including information which may be classified as Private Data under MN Statutes Chapter 13. If I am rejected on the basis of a criminal conviction, I will be notified and informed of any rights I may have. This authorization may be subsequently revoked via written request; however this will result in all processing being stopped. Please check this box if you would like to receive a copy of a consumer report if one is obtained.

Signature

Date

Return completed forms to: <input type="checkbox"/> Supvr. <input type="checkbox"/> City Clerk
--