



**CITY OF ALBERTVILLE
TENNESSEN WARNING FORM**

In accordance with the Minnesota Government Data Practices Act, Minn. Stat. Chap. 13, the City of Albertville is required to inform you of your rights as they relate to the private information collected from you.

The data supplied by you is going to be used to assess your future or continued position with the City of Albertville. The data may also be used to perform a background check and for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Albertville.

Furnishing the requested information is voluntary, however, if you refuse to provide the requested information you may be disqualified from a position with the City of Albertville.

Public data is available to anyone requesting it. With some exceptions, unless you consent to further release of private information, access to this information will be limited to individuals whose jobs reasonably require access to this information. However, state and federal law authorize release of private information without your consent:

- to the Commissioner of the Department of Employee Relations (Minn. Stat. chapter 43A);
- to labor organizations to the extent necessary to conduct elections, notify employees of fair share fee assessments, and implement state law governing labor relations (Minn. Stat § 13.43);
- drug-test results may be used in an arbitration proceeding, an administrative hearing, or disclosed to the federal government as required by federal law or federal government contract; or to a substance abuse treatment facility. [Note: drug test results may not be used as evidence in a criminal action.] (Minn. Stat. § 181.954);
- to state and federal revenue authorities for tax purposes;
- to child support enforcement authorities in this or another state (Minn. Stat. §256.978);
- if required by a court order, or authorized by other state or federal law.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

Printed Name

Signature

Date



City of Albertville
5959 Main Avenue NE, PO Box 9
Albertville, MN 55301
763.497.3384
763.497.3210
www.ci.albetville.mn.us

**EMPLOYEE
BACKGROUND INVESTIGATION
CONSENT FORM**

Date: _____

Last Name, First Name, Middle Name (full) of Applicant (please print):

Maiden, Alias or Former (please print):

Date of Birth: _____ Place of Birth: _____ Sex (M or F): ____
Month/Day/Year

Social Security Number : _____

The undersigned, having filed an application with the City of Albertville for employment, realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application does hereby authorize and request the **Wright County Sheriff's Office, Minnesota Bureau of Criminal Apprehension, and every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of such documents, records and other information to the City** or any of its representatives to inspect and make copies of any such documents, records, and other information; I further authorize any such persons to answer any inquiries, questions, or interrogations concerning the undersigned, which may be submitted to them by the City or its authorized representative, I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records, and other information.

Signature of Applicant

Date

Subscribed and sworn before me, this _____ day of _____, 20_____.

Signature of Notary Public

Notary Seal