

CHILD PROTECTION BACKGROUND CHECK ACT FORM
City of St. Michael
11800 Town Center Drive NE, Suite 300, St. Michael, MN 55376
(763) 497-2041

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, the City of St. Michael will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.)

_____ Yes _____ No

BACKGROUND CHECK CRIMES
Under Minnesota Statutes Chapter 299C

- | | | |
|---|--|---------------|
| -- Murder | -- Felony Level Assault | -- Kidnapping |
| -- Criminal Sexual Conduct | -- Manslaughter | -- Arson |
| -- Any Assault Crime Against a Minor | -- Prostitution-Related Crime | |
| -- Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes Sections: | | |
| 609.185,(5) Murder in the 1 st Degree | 609.352 Solicitation of Children to Engage in Sexual Conduct | |
| 609.221 Assault in the 1 st Degree | 609.377 Malicious Punishment of a Child | |
| 609.222 Assault in the 2 nd Degree | 609.378 Neglect or Endangerment of a Child | |
| 609.223 Assault in the 3 rd Degree | 152.021, subd.1,(4) Controlled Substance Crime in 1 st Degree | |
| 609.224 Assault in the 5 th Degree | 152.022, subd.1,(5) or (6) Controlled Substance Crime in 2 nd Degree | |
| 609.2242 Domestic Assault | 152.023, subd.1,(3) or (4) Controlled Substance Crime in 3 rd Degree | |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | 152.023, subd.2,(4) or (6) Controlled Substance Crime in 3 rd Degree | |
| 609.324 Other prohibited acts of Prostitution | 152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4 th Degree | |
| 609.342 Criminal Sexual Conduct in the 1 st Degree | | |
| 609.343 Criminal Sexual Conduct in the 2 nd Degree | | |
| 609.344 Criminal Sexual Conduct in the 3 rd Degree | | |
| 609.345 Criminal Sexual Conduct in the 4 th Degree | | |

As the subject of a Child Protection background check, your rights include:

- to be informed that City of St. Michael will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
- to be informed of the BCA's response and obtain a copy of the report from City of St. Michael,
- to obtain from the BCA any record that forms the basis for the report, and
- to challenge the accuracy and completeness of any information contained in the report, and
- to be informed whether City of St. Michael has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number (Optional): _____

Signature _____ Date _____

This release is valid for one year from the date of my signature.

u: HR/child protection consent form

Informed Consent Form
City of St. Michael
11800 Town Center Drive NE, Suite 300
St. Michael, MN 55376
(763) 497-2041

Date: _____

The following named individual has made application with this agency for
(employment, volunteering, adoption, etc.) .

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former(please print): _____

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

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of St. Michael/FYCC for the purpose of employment with this agency.

I understand that a check of the national sex offender registry will also be done.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary:

la: Human Resources / Informed Consent Form