



North St. Paul Athletic Association

2400 N. Margaret St.
North St. Paul, MN 55109

Background and Criminal History Check Consent Form

The following will be submitted to a security agency for background checks. Please supply ALL the requested information to ensure no delays in the completion of your check.

ALL CHECKS AND ASSOCIATED INFORMATION WILL REMAIN CONFIDENTIAL

Please print or type all information

Last Name		First Name	Maiden Name
Street Address			
City		State	Zip
Birth Date		Phone Number	
Social Security Number		Drivers License Number	State

List All States resided in since age 18 and approximate date of each residency:

State	Date	State	Date

I authorize the Minnesota Bureau of Criminal Apprehension (or other background check resource) to disclose all criminal history record information to NSPAA for the purpose of determining eligibility as an NSPAA Employee. I hereby waive all claims of liability against NSPAA for denial by NSPAA of any position whether or not the denial is based on errors in background checks. I agree to defend, hold harmless and indemnify NSPAA from any liability, damage or loss resulting from the background check that I have signed and submitted

The expiration of this authorization shall be for a period no longer than one year from the date of my signature

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____,

Notary Stamp:

Notary Signature: _____
Date of Notarization: _____