

I fully understand this information will remain confidential and access will be given only to those City Officials and their agents with the need to know. This information will be used to determine suitability for employment or as a volunteer for this position and will not be released without my express authorization.

I understand I have the right to revoke this authorization at any time. This revocation must be submitted in writing to Human Resources, City of Crystal, 4141 Douglas Drive N., Crystal, MN 55422. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

FULL NAME:

(First)

(Full middle)

(Last)

Signature _____ Date _____

Parent signature _____ Date _____

(For applicant who is under 18 yrs. of age)

Other names – maiden, alias, etc.: _____

Date of Birth: _____ Sex (M or F): _____

Are you over 18 yrs. of age: YES _____ NO _____

Driver's Lic. Number: _____ State of DL: _____

List current address and previous addresses for the past 10 years. Include the full street address, city, state and zip code and number of years at address (College students please include dorm name and college address):

Current Address:

Full Street Address

City

State

ZIP Code

of Years at address

Previous Addresses (10 years):

Full Street Address

City

State

ZIP Code

of Years at address

Full Street Address

City

State

ZIP Code

of Years at address

Full Street Address

City

State

ZIP Code

of Years at address

Full Street Address

City

State

ZIP Code

of Years at address

Full Street Address

City

State

ZIP Code

of Years at address

* Pursuant to 299C.095, juvenile adjudication criminal background information will also be released.