

4 Community Theatre Background Check Disclosure

In connection with your participation with 4 Community Theatre, we will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes, including as an independent contractor. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through law enforcement agencies and/or a consumer reporting agency. We will provide you with the identity of any consumer reporting agency we use, including their address, their website, and where you can find information about its privacy practices.

To prepare the reports, we or any agencies we use may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that 4 Community Theatre receives and their files about you (by email, by mail, or by phone) by providing a written request and identification to each agency. If you do, the agencies will provide you help to understand the files, including trained personnel and an explanation of any codes.

If such reports include any information obtained by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name



**INFORMED CONSENT
RELEASE OF PREDATORY OFFENDER
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: _____ Middle Name: _____ Last Name: _____
Maiden or Former Last Name (s): _____
Date of Birth: _____ Social Security Number: _____
Driver's License Number: _____ Issuing State: _____

Current Address: _____
City, State, Zip Code: _____

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, 4 Community Theatre will request the Bureau of Criminal Apprehension (BCA) to perform a POR check on you in conjunction with a criminal history check pursuant to Minnesota Statutes §299C.62

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to 4 Community Theatre any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the 4 Community Theatre from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Return completed form to: MN BCA, MNJIS -CHA Unit, 1430 Maryland Ave. E. St. Paul, MN 55106.

BACKGROUND CHECK FORM

**4 Community Theatre
5810 Maple Ridge Drive
Maple Plain, MN and 55359
Katy Sherman
612-735-0443**

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, *4 Community Theatre* 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.62
-- 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 4 Community Theatre 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 4 Community Theatre,
- 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 (procedures set forth in MN Statutes §13.04 and Title 28, CFR, Section 16.34), and
- to be informed whether 4 Community Theatre 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.

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): _____ **Social Security Number:** _____
Month/Day/Year (Optional)

Signature of Applicant: _____ **Date:** _____

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

1. Records obtained under the Minnesota Statutes Chapter 299C.62 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.