

CITY OF MOORHEAD

Informed Consent – Background Check



The following individual has applied to become an employee or volunteer with the City of Moorhead.

Please PRINT your information below.

First Name _____

Middle Name _____

Last Name _____

Alias/Maiden _____

Date of Birth _____

Gender (circle) Male Female

I authorize the City of Moorhead to obtain my criminal history record information from the Minnesota Bureau of Criminal Apprehension (BCA) website and North Dakota State Court website for the purpose of becoming an employee or a volunteer with this agency. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature

Date