

Agency: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

The following named individual has made application with this agency for employment:

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: \_\_\_\_\_

For the purpose of employment with this agency, I authorize the **Minnesota Bureau of Criminal Apprehension** to disclose all criminal history record information to:

Investigative Associates & Consultants, Inc.  
3775 Vest Mill Road, Suite D  
Winston-Salem, NC 27103

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

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

I certify that the above-named individual appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ 2000.

\_\_\_\_\_  
(Notary)

My commission expires: \_\_\_\_\_