Kari Koskinen Manager Background Check Act 299C.68.2

Owner or Company:	(Name) (Street Address)		
	(City, State and ZIP)		
	(Contact Name)		
П	(Telephone Number)		
-	ng a federal check on this individua		
(Owner please cho	eck this box if requesting a federal c	neck and attach tingerprint card.)	
Manager applicant complete:			
		or the Federal Bureau of Investigation's Criminal Justice Informatutes 299C.67 to 299C.71. By signing this form you are allowing	
		these files, and understand that your fingerprints may be used to ch	
the criminal history records of		, , , , , , , , , , , , , , , , , , , ,	
I authorize this check to be don	ne.		
Signature of Applicant:		Date:	
The expiration of this authorization sha	all be one year from the date of my signature.		
Last Name of Applicant	t (please print):		
First Name (please print):			
Middle (full) (please print):			
((Month/Day/Year)		
Social Security Number	(optional):		

I understand that I have the following rights:

Owner complete:

- 1) the right to be informed that the owner will request a background check on the manager to determine whether the manager has been convicted of a crime specified in section 299C.67, subdivision 2,
- 2) the right to be informed by the owner of the superintendents response to the background check and to obtain from the owner a copy of the background check report,
- 3) the right to obtain from the superintendent any record that forms the basis for the report,
- 4) the right to challenge the accuracy and completeness of information contained in the report or record (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34),
- 5) the right to be informed by the owner if the manager's application to be employed by the owner or to continue as an employee has been denied because of the result of the background check