

Informed Consent Release
City of Babbitt
71 South Drive, Babbitt, MN. 55706
(218) 827-3464

The following named individual has applied for employment with the City as a (an)

_____.

Name of Applicant Last, First, Middle Initial (Please Print)

Maiden Alias, or Former Name, of Applicant (Please Print)

Date of Birth (MM/DD/YR)

Sex (M or F)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Babbitt, MN for the purpose of employment with the City. This authorization shall expire in one year from the date of my signature.

Signature of Applicant

Date:

Notary: