



2200 West Old Shakopee Road
Bloomington, MN 55431-3034
952-512-2061

DISCLOSURE—PREPARATION OF A CONSUMER REPORT

To process your application with Oasis for Youth, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, Verified Credentials, Inc. 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

- 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 1st Degree | 152.22 , subd.1 ,(5) or (6) Controlled Substance in 2nd Degree |
| 609.352 Solicitation of Children to Engage in Sexual Conduct | 609.324 Other prohibited acts of Prostitution |
| 609.221 Assault in the 1st Degree | 152.23 , subd.1 ,(3) or (4) Controlled Substance Crime in 3rd Degree |
| 609.222 Assault in the 2nd Degree | 609.342 Criminal Sexual Conduct in the 1st Degree |
| 609.377 Malicious Punishment of a Child | 609.343 Criminal Sexual Conduct in the 2nd Degree |
| 609.223 Assault in the 3rd Degree | 152.23 , subd 2,(4) or (6) Controlled Substance Crime in 3rd Degree |
| 609.378 Neglect or Endangerment of a Child | 609.344 Criminal Sexual Conduct in the 3rd Degree |
| 609.224 Assault in the 5th Degree | 609.345 Criminal Sexual Conduct in the 4th Degree |
| 152.21 , subd.1 ,(4) Controlled Substance Crime in 1st Degree | 152.24 , subd.1 ,(2), (3) or (4) Controlled Substance Crime in 4 th Degree |
| 609.2242 Domestic Assault | |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | |

As the subject of a Child Protection background check, your rights include:

- to be informed that Oasis for Youth 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 Oasis for Youth,
- 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, and
- to be informed whether Oasis for Youth has denied your application because of the BCA's response.

I request a copy of the report. **Yes** **No**



Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials, Inc.

AUTHORIZATION--TO PREPARE INVESTIGATIVE CONSUMER REPORT I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.

Legal Last Name Legal First Name Legal Middle Name

Maiden, Alias, or Former Name(s)

Street Address

City State Zip Code

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

City State City State

City State City State

Driver's License Number State Issued Exp. Date

Date of Birth (Month/Date/Year) Sex (M or F)
(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

Signature Social Security Number Date

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