



**CITY OF CHANHASSEN
CRIMINAL HISTORY BACKGROUND
INVESTIGATION FORM**

Date: _____

The following named individual has made application with this agency for employment, a solicitor license, or a massage therapy business license.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full-please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Driver's License #: _____
(State)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information; I authorize the Carver County Sheriff's Office to disclose all driving record information; and any other agencies that may have contact information to: The City for the purpose of _____ with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

***The following must be signed in front of a NOTARY PUBLIC.**

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

NOTARY STAMP