

Non-profit organization — Account # 6128660225  
**Partners in Community Supports (PICS)**

1701 American Blvd East, Suite 7  
Bloomington, MN 55425  
Phone: 952-854-6364  
Fax: 952-6356

**Background Study Authorization**

The following individual has applied for employment at PICS:

*(PLEASE PRINT)*

**First Name:** \_\_\_\_\_ **Full middle name:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Birth/maiden, alias, or former names:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
(month/day/year) (M or F)

**Social Security number (optional):** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all records of criminal history to Partners in Community Supports (PICS) for the purpose of evaluating potential employment with PICS. I understand that employment with PICS is dependant upon successfully passing this background study and that if the study results in any offense that is listed under the disqualifying regulations as mandated by the Department of Human Services, that I will not be eligible for employment with PICS.

This authorization shall remain in force for a period of no more than one year from the date of signature.

\_\_\_\_\_  
Signature of applicant for employment  
This signature **must** be notarized below.

\_\_\_\_\_  
Date

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public signature

(seal)

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

5/14/01, 1/17/02, 04/17/04