

Minnesota Department of Public Safety

Driver License/Criminal History Form

The Department of Public Safety requests the following information in order to determine if you have been convicted of crimes, which directly relate to the position you seek with the Department of Public Safety. The requested information is a continuation of the application process pursuant to Minnesota Statute. Your signature on this form authorizes the Department of Public Safety to request a search of your record for any driver license and criminal history.

While you are not required to provide this information, failure to do so may result in removing your name from consideration. The information requested below is private data by law. Your name, including any previous names and your date of birth are necessary to accurately access criminal history information. Although optional, you are requested to provide your gender and race/ethnicity to ensure that the records received are yours. Access to this information will be limited to individuals within the Department of Public Safety whose job duties reasonably require access and to any individuals to whom you provide written consent. Additionally, access to this information will be released without your consent as follows:

- to the Commissioner of Minnesota Management and Budget (Minn. Stat. Ch. 43A);
- to labor organizations, to the extent necessary to implement state law governing labor relations (Minn. Stat. §13.43);
- if required by court order; or
- authorized by other state or federal law.

Please provide us with the information requested below. Please Print.

_____	_____	_____
Last Name	First Name	Middle Name
List previous names used: _____	Date of Birth: _____	
_____	Race/Ethnicity: _____	
_____	Gender: _____	

Have you been convicted of a felony, gross misdemeanor, or misdemeanors for which a jail sentence may have been imposed? Yes No

If yes, please use the reverse side to provide a complete chronology of your offense history. Include the type of offense, county, state, date and final disposition (i.e. jail time, fine, probation, etc.).

Driver License Number _____ State of Issue _____

I certify the above information to be true and accurate to the best of my knowledge. I understand that failure to disclose information or providing false information may subject me to the penalties of M.S. §43A.39.

_____	_____
Signature	Date