



MINNESOTA BOARD OF
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NOTIFICATION OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION*

DATE:	AGENCY:	
Pre-employment background investigations have been initiated on the following:		
Full Name: (Last, First, Middle)	Date of Birth	POST License #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*MN STAT 626.87, subd. 5. **Notice of Investigation**

Response requested? **YES** _____ **NO** _____ If yes, FAX number: _____

Name of Investigator _____