

ND Department of Health & Human Services
Criminal Background Check Unit 600
E. Blvd Ave, Dept. 325
Bismarck, ND 58505-0250
701-328-7575

Date: _____

The following named individual has made application with this agency for the purposes of employment in a licensed Psychiatric Residential Treatment Facility.

APPLICANT INFORMATION (PLEASE PRINT LEGIBLY)

Last Name: _____

First Name: _____

Full Middle Name: _____

Maiden Name, Other Last Names, Aliases: _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Social Security Number (Optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to ND Department of Health and Human Services for the purpose of employment in a licensed Psychiatric Residential Treatment Facility.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant

Date

Sworn to before me in the City of _____ State of _____ this _____ day of _____, 20_____.

Notary Public

Commission Expires

CRIMINAL BACKGROUND CHECK UNIT

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

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