



The following information is needed to complete the background investigation: (Please Print)

Last Name: _____

First Name: _____ Full Middle Name: _____

Maiden, Alias or Former Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____
Month / Day / Year

Phone Number: _____

Driver's License State & Number: _____

I certify that all statements made by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Savage. I hereby authorize the City of Savage to use this information to complete a background investigation, criminal history and driver's license check.

Signature of Applicant

Date

Purpose for Background: _____

➤ Please include a photocopy of your driver's license or government issued identification with this completed form