

**CITY OF DELANO
DELANO FIRE DEPARTMENT
234 2nd. St. N. / PO BOX 108
Delano Mn. 55328
763-972-0581
Fire Chief, Robert Van Lith**

Date: _____

The following named individual has made application with this agency for employment

Applicant:

Last Name (please print): _____

First Name (please print): _____

Full Middle Name (please print) _____

Maiden, Alias or Former (please print) _____

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

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Delano for the purpose of employment with this agency as a Firefighter. Pursuant to Minnesota State Statute 299F.035

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary Stamp:

Notary Signature

Date