

## ***2020 Queen of Snows Candidate Application***

WRITTEN DISCLOSURE AND AUTHORIZATION

TO OBTAIN BACKGROUND CHECK

I hereby acknowledge that the St. Paul Festival and Heritage Foundation (“Foundation”), its Protocol & Exchange Committee, or any of the “Uniformed Group” organizations who nominate and participate in the selection process for potential candidates to serve as “legend characters” in the St. Paul Winter Carnival, may, at any time during the course of my nomination and application process, obtain, or cause to be obtained a “background report” or “background check” from local, state or other law enforcement agency and that the background report may be obtained or used by them, taken together with other criteria and references, for purposes of determining the suitability of a candidate serving as a legend character in the Winter Carnival. These reports, if obtained, may disclose information about my capacity, my character, my general reputation, personal characteristics or mode of living. By my signature below, I hereby authorize them to obtain, or cause to be obtained or prepared, any such background report.

1. Have you ever been convicted of a felony?

 Yes\_\_\_ No \_\_\_\_

1. Have you been convicted of an alcohol-related driving offense within the last 10 years?

 Yes\_\_\_ No \_\_\_\_

1. Have you ever been held liable for civil penalties or damages involving sexual or physical abuse?

 Yes\_\_\_ No \_\_\_\_

If you answered yes to any of the above questions, provide the details of the event on a separate attached sheet.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name (First, Middle, Last) ): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date ­­\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_