



Background Investigation(s) for Compassion Center Agents – Dispensary

New Hire Process

1. Applicants must legibly complete the attached two (2) forms to be employed as a Compassion Center Agent. Forms are located at www.JamestownND.gov/how-do-i/online-forms/ and at the [Jamestown Police Department](#) (205 6th St SE, 58401)
 - a) Investigation Authorization/Authorization to Release Information
 - b) Criminal History Record Information
2. Applicants complete set of fingerprints (2 sets) is required for a background investigation as a Compassion Center Agent who will be located in Jamestown, ND. Fingerprinting can be conducted one of two ways.
 - a) Supply certified fingerprint cards (2 sets)
 - b) Fingerprinting at the Jamestown Police Department in Jamestown, ND (2 sets)
3. Submit this cover letter, copy of government issued photo identification, completed forms, (and 2 sets of fingerprints, if completed) to the Jamestown Police Department located at [205 6th St SE Jamestown, ND 58401](#). If fingerprints have not been completed, you must request to have your fingerprints taken.
 - Cover Letter
 - Copy of Government Issued Photo Identification
 - Investigation Authorization/Authorization to Release Information
 - Criminal History Record Information
 - 2 sets certified fingerprint cards Or
 - Intend to request fingerprints at Jamestown Police Department

Renewal Process

1. Applicants must legibly complete the attached two (2) forms to be employed as a Compassion Center Agent. Forms are located at www.JamestownND.gov/how-do-i/online-forms/ and at the [Jamestown Police Department](#) (205 6th St SE, 58401)
 - a) Investigation Authorization/Authorization to Release Information
 - b) Criminal History Record Information
2. Submit this cover letter, copy of government issued photo identification and completed forms to the Jamestown Police Department located at [205 6th St SE Jamestown, ND 58401](#).
 - Cover Letter
 - Copy of Government Issued Photo Identification
 - Investigation Authorization/Authorization to Release Information
 - Criminal History Record Information

The background investigation will take approximately two (2) weeks to complete. Upon completion, a letter of conclusion will be sent to GR Vending ND Dispensary 6, LLC located at 1513 Business Loop E.

Should you have any questions, please contact me at (701)252-5900 or JVeil@JamestownND.gov

CITY OF JAMESTOWN, NORTH DAKOTA

**Copy of Government Issued
Photo Identification**

A large, empty rectangular box with a thin black border, intended for pasting a copy of a government-issued photo identification document. The box occupies most of the page below the header.

CITY OF JAMESTOWN, NORTH DAKOTA

**Investigation Authorization
Authorization to Release Information**

I, _____, hereby authorize the Jamestown City Council, through the Jamestown Police Department or its designee (hereafter, the Investigative Agency) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agency to provide any and all information deemed necessary by the Investigative Agency. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigative Agency to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in deferred imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigative Agency reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigative Agency may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the City of Jamestown, the Investigative Agency or its designee, and other employees of the City of Jamestown shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the City of Jamestown, the Investigative Agency or its designee, and other agents or employees of the City Jamestown for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigative Agency or its designee, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign county.

Print Full Legal Name clearly below:

Employee Business Name		Trade Name (DBA)	
Last Name (Please Print)	First Name	Middle Name	
Signature (Must be signed in front of Notary)			Date (MM/DD/YYYY)

STATE OF _____)
 : ss
 COUNTY OF _____)

Signed (or attested) before me on _____ by _____
 (Date) (Names(s) of Individual (s))

 Notary Signature
 _____ County, _____ (State)

CITY OF JAMESTOWN, NORTH DAKOTA

Criminal History Record Information

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Please use additional form for each subsequent individual.

Last Name	First Name (no initials)	Middle Name
(AKA/Maiden/Former) Last Name(s)	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security Number	
Current Address		
City	State	Zip Code
Phone Number	E-mail Address	

Your social security number is requested to permit the Jamestown Police Department to conduct a criminal history record information background investigation under N.D.C.C § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW