

Background Check Authorization Form

IMPORTANT: Print legibly using **BLACK** ink only. Fill out all information requested. If not applicable enter N/A. Falsification of any information on this form will void your application for employment and any actions based on it. The information on the application for employment, including any attachments, is property of Cameron University.

Last Name	First Name	MI	Maiden
Current Address	City	State	Zip
List any former names used:		Current Phone Number:	
Social Security Number:		Drivers License – State and #	
Gender <input type="radio"/> Male <input type="radio"/> Female		*Date of Birth (Month/Day/Year)	

List ALL residency information since the age of 17 – dates of residency, city, and state, beginning with your most current. Please account for the country of residency as well. If additional space is needed, please attach a separate sheet

From (MM/YY)	TO (MM/YY)	City	State	County/Country

Do you have any criminal convictions since age 17 or older or any deferred adjudications where the final disposition is still pending (i.e. the original charge has not been dismissed)? If yes, list year(s) of convictions(s) and nature of offense(s) and penalty(ies). If additional space is needed, attach a separate sheet.

Yes No

Year	Nature of Offense	Penalty

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

I hereby authorize educational institutions, listed references, employees (past and present), law enforcement agencies, and any other person, agency or organization to Release to Cameron University or its representative any information or document deemed necessary to process my application for employment. I further release any individuals and organizations from liability that could arise in any manner from the act of furnishing records and information to Cameron University of its representative. It is understood and agreed that the voluntary release of this information to Cameron University is expressly for use in this employment process and will not be maintained as part of my official application for employment. I understand that this form is not a part of the application, but the hiring process is not complete without it.

My signature verifies that I am the person who executed the above authorization. I understand its meaning, intent, and effects.

APPLICANT SIGNATURE _____ DATE _____

*In order to verify my identity for purposes of the background investigation, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

HUMAN RESOURCES OR DEPARTMENT REPRESENTATIVE TO COMPLETE INFORMATION BELOW
(Please fill out completely with job posting information for which the applicant is applying)

Classified Administrative/Professional Faculty Adjunct Work-study

Position Number	Position Job Title	
Department Name	Department Phone # or Ext.	
Department Contact	Signature	Date

Send this completed form to Cameron University Human Resources Department (Fax #581-5560 or email hr@cameron.edu)

THIS SECTION TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT

Authorization Form Received	Background Check Submitted	Background Check Completed	Notified Hiring Dept. with Results
Date	Date	Date	Date