

Per Policy 112: Pre-Employment & Current Employee Criminal Record Disclosure:

North Dakota State University will conduct a criminal history check, of another state or multiple jurisdictions on all new hires, before beginning employment. The level of check will be determined by the hiring department upon consultation with the central administrative office conducting the search.

A Summary of Your Rights Under the Fair Credit Reporting Act will be made available upon request to the Office of Human Resources by contacting 701-231-5677.

To Be Completed by NDSU Institution

Name of College/University: _____ Name of Contact: _____

Title of Contact: _____ Telephone #: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Is this individual applying for a position that will come with benefits (i.e. insurance, retirement) Yes No

To Be Completed by Subject of Record Check

Last Name: _____ First Name: _____ Middle Name: _____

Other Name(s) Used:
(Maiden, Former, AKA, Nickname, etc.) _____

SS #: _____ Date of Birth: _____ Gender: _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

Position Title Applying For: _____

Department: _____

Have you ever been convicted of a criminal offense? No Yes

If yes, what offense(s): _____

What was the outcome of the case(s): (dismissed, deferred sentence, acquittal, conviction, etc)

Date(s) of offense(s): _____

Are there any other criminal charges currently pending against you? No Yes

I hereby authorize the North Dakota Bureau of Criminal Investigation, FBI or a third party vendor to release my state and national criminal history records to the above party.

I have been advised that I have a right to review and challenge the accuracy and completeness of the information obtained through this process as well as obtain a free copy of the report within 60 days by calling Castle Branch, Inc. collect at (910) 815-3880 or toll-free at (888) 520-0520.

A photocopy of this signed release shall have the same force and effect as the original release.

Subject Signature _____

Date _____

Internal Use Only:

____ Entered _____ Reviewed _____ Employee Start Date _____

Please print this form.

Send this form to :
Human Resources/Payroll
Dept 3140 PO Box 6050
Fargo ND 58108-6050

Phone (701) 231-8961
Fax (701) 231-9686