SAINT MICHAEL'S COLLEGE BACKGROUND CHECK AUTHORIZATION

Your signature on this form serves as disclosure to you and agreement by you that Saint Michael's College may obtain a background check and consumer report through a consumer reporting agency of the College's choice for employment purposes, such as verification of education history, credit checks, criminal background reports and motor vehicle checks. All offers of employment will be conditioned upon completion of the background investigation and a finding that the information provided by the application during the pre-employment process was accurate, complete, and truthful, which includes the information you provide on this form.

By signing this form you also:

- Authorize Saint Michael's College to obtain reports through a consumer reporting agency pertaining to information you
 provide us on this form, in your application for employment and in any supporting documents, including your resume
 or vita. The College also reserves the right to run checks periodically during employment as the College deems
 necessary.
- Agree to hold harmless and release Saint Michael's College and its employees from any and all liability for any damages that may result from providing information regarding your employment or personal background that may be used in connection with your application for employment.
- Agree that you understand that upon your written request to Saint Michael's College, you will be informed as to
 whether or not any of the above referenced reports were requested through a consumer reporting agency, and, if
 such report was requested, you will be provided with the name and address of the consumer reporting agency that
 furnished the report. Your request may be mailed to: Office of Human Resources, PO Box 265, Colchester, VT
 05439 or faxed to (802) 654-2321.

If the information that is obtained is used, in whole or in part, in making an adverse decision in regard to your potential employment, before making the adverse decision, Saint Michael's College will provide you with a copy of any of the reports and a description of your rights under the Fair Credit Reporting Act.

Applicant Information				
PLEASE PRINT CLEAI	RLY:	I have received a jo	b offer Yes No	_
SOCIAL SECURITY #:/	//	DATE OF BIRTH:	_// CURRENT AGE:	_
NAME:				
NAME: First Name	Middle Name	Last Name	Former Name	
CURRENT RESIDENCE ADDRESS	Please Indi	cate PO Box or Full Street Add	ress	
CURRENT MAILING ADDRESS:				
CITY/STATE/ZIP:				
E-MAIL ADDRESS:				
PREVIOUS RESIDENT ADDRESS:				
PREVIOUS MAILING ADDRESS:				
	(If current is less	than two years) Please Indica	te Full Street Address	
CITY/STATE/ZIP:				
POSITION APPLIED FOR:				
HIRING MANAGER:	<u>-</u>			
DRIVERS LICENSE NUMBER & ST	ATE (if job requires a C	ommercial Driver's License):		

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PLEASE READ CAREFULLY BEFORE SIGNING

All new full-time employees and certain part-time employees will be subject to a criminal background check. I understand this check will only be conducted if I am offered a position at Saint Michael's College. **My** signature below indicates my understanding that any offer of employment is contingent upon the satisfactory results of this criminal background check.

Candidates for certain positions, including custodial, maintenance, grounds, recycling, electrician, carpenter, painter, upholstery worker, plumbing, HVAC, public safety and Early Learning Center positions are required to undergo a post-offer-pre-employment physical screening to determine the ability to perform the essential functions of the job.

I understand and agree that all information furnished, including my resume, application, CV, information provided on this form, etc. may be verified by Saint Michael's College. I hereby authorize all individuals and organizations named or referred (except where specifically denied) to in this application to give Saint Michael's College all information necessary to verify the contents of this application and relative to my work habits, and character and hereby release such individuals, organizations, and Saint Michael's College from any liability for claim or damage which may result.

I have been convicted of a crime before ____YES ____NO

I have worked for Saint Michael's College within the last 18 months	YES	NO
		110

If yes, please briefly explain here, or contact Kendra Smith at (802) 654-2587 to discuss:

I certify that all information I have provided to Saint Michael's College is correct and complete. I understand and agree that providing false information on this authorization or attachments, misrepresentation, or omission of requested information could result in denial of employment or immediate termination of employment once hired by Saint Michael's College.

Print Full Name

First

Last

Applicant Signature

Date

PLEASE PROMPTLY SUBMIT THIS SIGNED FORM TO: Saint Michael's College; Office of Human Resources Box 265; Colchester VT 05439 or fax to: 802 654.2321