

Criminal Background Check Form NC 65

AUTHORIZATION FOR CRIMINAL CONVICTION CHECK

			m must be completed sign on their designa				
FIRST		GIVEN M	IIDDLE	LAST		MAIDEN	
All other name(have been know							
SOCIAL SECURITY #		DATE OF BIRTH		SEX		RACE	
EMAIL ADDRESS		PHONE NUMBER		DRIVERS LIG	CENSE #	STATE OF ISSUANCE AND EXPIRATION DATE	
Employment Ty	pe (Check One):	_	Nesition ☐ EPA Note time Lecturer Position	•	_ ,		
If yes, list below Continued (PJC	the county, stat	e, and date	ges <u>must be included,</u>	crime for which	ch you were convi	YES NO cted. Prayers for Judgment ge your record. If more space	
DATE LOCATION (I				CRIME			
Please list the s and going back		of all the p	laces you have reside	d over the pas	t seven years, beç	ginning with your current address	
DATE		CURRENT	T STREET ADDRESS		CITY, STATE AND ZIP CODE		

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DATE	PREVIOUS STREET ADDRES	SS	CITY, STATE AND ZIP CODE
belief. I hereby admitting to a coalso understand process to the documentation, and including ter	consent to the University's verification of any inviction for any unlawful offense, I will not be the date and nature of the crimes for which extent allowed by law if relevant to the or an omission or failure to include all relevant.	y information con e disqualified auto I have been conv position. I undent information, ma If hired, I underst	e and complete to the best of my knowledge and tained in this Authorization. I understand that by matically from consideration for employment, but I victed will be taken into consideration in the hiring erstand that false or misleading information or my result in rejection of my application, action up to and the University complies with State law and will uirements for the position involved.
Candidate's Signa	ture	Date	
Department Appr	roval Signature	Date	
	Banner Org/Fund:		/Acct 22178

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(Required to Process)