COLUMBUS STATE UNIVERSITY
HUMAN RESOURCES OFFICE
AUTHORIZATION TO RELEASE INFORMATION

FACULTY

Pre-Employment Criminal Background Check

I hereby authorize any officer or other authorized representative of the University Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and educational records (including, but not limited to: academic, achievement, and attendance records). Further authorization is extended to all Police Department, Sheriff's Department, Juvenile Courts and Clerks of Courts, to furnish the bearer with information, reprints, photographs and any other record containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university, or other educational institution, including its officers, employees, or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorized to release any and all information in lieu of the original which remains on file with investigating agency. Should there by any question as the validity of this release, you may contact me as indicated below.

Print - Full Name: _____

Signature - Full Name: _____

Date of Birth: _____

Social Security Number: _____

Parent or Guardian (If Required): _____

Current Address: _____

Position Applied For: _____

Please Check the Appropriate Box: ☐ Full-time Faculty Position   ☐ Part-time Faculty Position

Division/Department: _____

Human Resources Witness: _____

Date: _____

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COLUMBUS STATE UNIVERSITY
HUMAN RESOURCES OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

I understand that this form will be kept separately from my employment application and that the information regarding my date of birth, place of birth, and listed physical characteristics will not be available to the hiring supervisor and that this information cannot be used as a basis for an employment decision. I further understand that any employment decision will be made based on my qualifications, employment record and police record as related to the requirements of the position for which I am being considered.

Name: _____
               Last   First   Middle

Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise; Aliases, nickname, etc. Specify which, and show dates used).

_____
_____

Driver's License Number: _____ State: _____
Social Security Number: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____ Race: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you ever been convicted by Federal, State, or other law enforcement authorities for any violation of any federal law, state law, county or municipal law, regulation or ordinance? (Do not include anything that happened before your seventeenth birthday. Do not include minor traffic violations for which a fine of $100.00 or less was imposed. All other convictions must be included even if they were pardoned).

A criminal conviction will not necessarily preclude an offer of employment. The position applied for, the nature of the offense, the time since its occurrence and other factors will be considered. However, failure to disclose a criminal conviction on this questionnaire will be considered falsification of application materials and *will* preclude an offer of employment.

☐ Yes ☐ No

List all convictions to include date, location and agency involved:

_____
_____
_____
_____
_____
_____

I hereby authorize Columbus State University Police Department to receive any criminal history record information pertaining to me which may be in the files of any local, state, or federal agency, now and at any future date during my employment and release Columbus State University from any and all liability for damages which may result to me, due to receipt of such background information.

I, _____, certify that the information furnished by me in the foregoing form is true and correct this _____ day of _____, 20____.

_____   _____
        Print Full Name   Signature of Full Name