HR	USE	ONLY	



DEPARTMENT OF HUMAN RESOURCES POST OFFICE BOX 8104 STATESBORO, GA 30460-8104 PHONE (912) 478-5468 FAX (912) 478-0325 http://jobs.georgiasouthern.edu

Comments	
Approval	
Date	
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BACKGROUND INVESTIGATION CONSENT FORM

THE UNDERSIGNED HEREBY CERTIFIES THAT:

- I have carefully read and understand Georgia Southern University's background investigation policy (located at <u>http://jobs.georgiasouthern.edu/p&p/BIPolicy.doc</u>).
- I have read and understand the "Credit Check Disclosure" provided to me (*if applicable**).
- I understand that information contained in my job application, on the security questionnaire or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining reports.
- Social Security numbers are required to complete the background investigation (<u>and credit check, if applicable*</u>). Your Social Security number will be kept confidential.
- I understand that I must comply with Section 50-5-83 of the Official Code of Georgia in order to be eligible to receive a state issued Procurement Card (*if applicable**).
- I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, financial institutions, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.
- The information I have provided on this form is true and correct.
- This "*Background Investigation Consent Form*" in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of Georgia Southern University.
- I consent to the release of the reports prepared by the hired investigation agency to Georgia Southern University.

APPLICANT (OR CARDHOLDER) NAME	SOCIAL SEC	CURITY NUMBER	DATE OF BIRTH	
GENDER RACE		JOB TITLE		DEPARTMENT
PERSON WHO INTERVIEWED YOU			DICATE YOUF L-TIME STAFF SUAL LABOR	R WORK STATUS:
HOME OR PRESENT MAILING ADDRESS			DAYTIME PHO	DNE (WITH AREA CODE)
CITY	STATE	ZIP CODE	EVENING PHO	ONE (WITH AREA CODE)
APPLICANT (OR CARDHOLDER) SIGNATURE		DATE		
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* Credit checks are only applicable to first time purchasing card applicants. Section 50-5-83 of the Official Code of Georgia requires that all new purchasing card applicants consent to and pass both a background investigation and credit check. REVISED JAN. 2009