

THE UNIVERSITY OF LOUISIANA AT MONROE
BACKGROUND SCREENING NOTIFICATION & AUTHORIZATION FORM

All finalists for employment will be expected to sign the following statement.

<u>To be completed by the Department prior to being given to the applicant</u>	
DEPARTMENT	
TITLE OF POSITION TO BE FILLED	

<u>To be completed by Applicant</u> (Please Print or Type)		
Last Name	First Name	Middle Name
Current Address: _____		
Social Security Number: _____ Date of Birth: _____		
Driver's License Number: _____ State Issued By: _____		
Are you currently holding or running for an elective public office?		_____ Yes _____ No
Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?		_____ Yes _____ No
Have you ever been fired from a job or resigned to avoid dismissal?		_____ Yes _____ No

READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the University of Louisiana at Monroe or its designees to investigate all statements contained in this application. I also authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information requested by the University of Louisiana at Monroe or its designees, Background Information Services Inc., concerning my job performance, suitability for employment, educational verification, social security number verification, prior employment verification, professional license verification, motor vehicle driving records, criminal history, job qualifications, and personal background. I hereby release each such employer or other person, firm, or corporation from any liability by reason of furnishing the requested information. In addition, if I should become employed by the University of Louisiana at Monroe, I expressly authorize the University of Louisiana at Monroe to release information about my job performance, job qualifications, and suitability for employment to any person who may request such information, and I expressly release the University of Louisiana at Monroe from any liability for disclosing such information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

I understand that an electronic signature is valid as an original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

I understand that any misrepresentation or omission of fact contained in this application is cause for rejection or immediate dismissal if I should become employed. Finally, I understand that the completion of this employment application does not indicate that there are positions available and does not obligate the University to offer me a position if positions were available.

All offers of employment are conditional, subject to satisfactory results of background investigation, reference checks, pre-employment alcohol and drug tests, and production of documents sufficient to demonstrate identity and authorization to work.

Signature _____
Date

Warning to Applicants:

By your signature you are certifying that the information you have provided is truthful and complete. Falsification of information can result in denial of employment.

<u>To be completed by requesting department before submitting to Human Resources</u>		
Name of Approving Agent (Please type or print name)	Person to Send Report to (i.e. committee chair, dept head, dean, director, etc.) (Please type or print name)	
Signature of Approving Agent	Date	Account Number to Charge