



Authorization For Background Check

FOR HIRING SUPERVISOR ONLY:

Department _____	Authorized by _____
Staff _____	Faculty _____
Adjunct Faculty _____	Student Employee _____
Will this applicant be expected to drive either an Owens vehicle or his/her personal vehicle for work purposes?	
Yes _____	No _____

I _____, hereby authorize Owens Community College to investigate information concerning my previous employment, experience, and education through a background check.

Background checks may include, but are not limited to: 1) Social Security Number Trace Report, 2) verification of education and professional licensure, 3) multi-county, state, and/or federal criminal record check, 4) personal and professional reference check, and 5) secondary database search including sex offender, fugitive and terrorist lists. In addition, if applicable to the position, a Motor Vehicle Report and/or a Credit History Report consistent with the guidelines set forth by the Federal Credit Reporting Act (FCRA).

I authorize all former employers and references to release to Owens Community College information related to my services, reasons for leaving employment, and all other information they may have concerning me, whether or not it is on record. I release Owens Community College, each of these persons or companies which provide or receive information about me, their agents, educational institutions, law enforcement agencies, and any state and/or federal bureau from any and all liability for any damage that may result from the inquiry and furnishing of said information during the completion of the background investigation.

I certify that the facts contained in my application are true and complete to the best of my knowledge. I understand that if employed, false or misleading information or material omissions on the application shall be grounds for immediate termination of employment.

SIGNATURE _____ **Date:** _____

Printed Full Name:	Driver's License #/ State Issued:
Present Address, City, State, Zip:	Dates From: To:
Previous Address, City, State, Zip: Use back of sheet for more than one previous address	Dates From: To:
Date of Birth:	SSN:
Previous Names Used (Maiden):	

Official Use Only:

Driving Approval: N/A Yes No Reason for disapproval _____
Criminal Background: Approved Disapproved Reason: _____
College Official Signature: _____ Title : _____ Date: _____