

# Indiana State University

## APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

**Indiana State University requires, as a condition of employment, and/or continued employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.**

This release and authorization acknowledges that Indiana State University may conduct a pre-employment background investigation thoroughly and within the confines of all applicable state and federal laws. I further understand that while an offer of employment might precede any such investigation, actual employment is contingent upon a determination of my suitability for the employment I seek.

I hereby authorize the release of information related to this investigation, and further release from liability any and all individuals and organizations who provide information to Indiana State University concerning my criminal history, motor vehicle history, certifications and licensing, educational credentials, employment eligibility (social security trace), reference checks, credit report history, civil case records and authorize my prior employers to release any such requested information about my employment. In addition, Indiana State University may request and receive any record of criminal history or other relevant information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and /or other information as deemed necessary to fulfill the job requirements.

I release persons, schools, current and former employers, and other organizations and agencies providing such information from any and all claims of damages in connection to their release of any requested information. I agree that any copy of this document is as valid as the original. I authorize ISU's chosen provider and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of Indiana State University.

I do hereby agree to forever release and discharge Indiana State University, its agents, as well as any and all individuals, organizations, and agencies who provide information to Indiana State University to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon request, a disclosure of the public record information and of the nature and scope of the investigative report. Date of birth and Social Security number will be used only to complete the background investigation and will not become part of the selection process. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here \_\_\_.

By signing this document, I authorize the University to conduct a background investigation. I also certify that the information provided by me for the purpose of employment (application, resume, transcripts, etc.) is true and accurate, and, if offered employment, I understand that any information falsely provided will be sufficient grounds for the immediate termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please provide all requested information and provide the last three residences**

Printed Name: First, Middle, Last \_\_\_\_\_ Other Name(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**Last Three Residences:**

\_\_\_\_\_  
Current Address – City, State, Zip \_\_\_\_\_ How Long \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Previous Address – City, State, Zip \_\_\_\_\_ How Long \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Previous Address – City, State, Zip \_\_\_\_\_ How Long \_\_\_\_\_ County \_\_\_\_\_