

The following information is required to complete the background investigation (please print):

FIRST NAME	MIDDLE NAME	LAST NAME	
OTHER NAMES USED (INCLUDING MAIDEN NAME)			
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER	RACE
DRIVER'S LICENSE NUMBER		STATE LICENSED IN	EXPIRATION DATE (MM/DD/YYYY)

CURRENT AND PREVIOUS ADDRESSES

CURRENT STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE
PREVIOUS STREET ADDRESS (NO P.O. BOXES)	CITY	STATE	ZIP CODE

Have you ever been convicted of a crime other than a minor traffic violation?

Please check one: No Yes

(A criminal conviction does not necessarily disqualify an applicant for employment consideration. Making untrue statements or otherwise failing to report criminal conviction(s) will disqualify an applicant for consideration for this position for falsification of an application.)

If **Yes**, list the date, location (county and state), and offense for **all** misdemeanor and felony **convictions** regardless of how minor or how long ago they occurred. Attach additional pages if needed.

DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE
DATE OF CONVICTION	LOCATION (COUNTY/STATE)	OFFENSE



SIGNATURE:	DATE
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If under the age of 18, parent/guardian signature required:

SIGNATURE – PARENT/GUARDIAN	PRINT NAME – PARENT/GUARDIAN	DATE
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TO BE COMPLETED BY DEPARTMENT CONTACT – THIS PERSON WILL BE NOTIFIED OF RESULTS

NAME	DEPARTMENT NAME	EMAIL ADDRESS
SELECT BACKGROUND CHECK TYPE:		
<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty	<input type="checkbox"/> Temp
		<input type="checkbox"/> Student <input type="checkbox"/> Volunteer