SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

AUTHORIZATION FOR RELEASE OF INFORMATION

Criminal Background Check, Consumer/Credit Report, & FBI Fingerprinting

To be completed by the applicant:

I, ____, applicant for employment with Southern Illinois University Edwardsville (SIUE) for the position of ____________________________________ hereby authorize a review of and full disclosure of all employment, education, criminal history, credit history, and FBI fingerprinting information concerning myself, including any conviction, to any duly authorized agent of SIUE. This includes the use of my Social Security Number to conduct the required background check and other administrative functions related to the employment application process. A Statement of Purpose for collection of my Social Security Number is available upon my request. I understand that any information obtained by such background investigation, which is acquired as a result of this release authorization will be considered in determining my suitability for employment with SIUE. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting and considering such information. I understand that I am not required to provide information regarding any conviction/arrest records pertaining to me that have been sealed or expunged. Furthermore, a conviction record will not necessarily be a bar to employment; factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in terms of the position applied for. Misrepresentation or omission of facts in response to any question will be cause for rejection of my application or termination of employment. A photocopy or facsimile of this release form will be valid as an original thereof; even though said copy does not contain an original writing of my signature. I have read and fully understand the contents of this "Authorization for Release of Information".

You must answer the following questions and provide any information as requested:

PRINT NAME (First, Middle Initial, Last): ____

ADDRESS: ______________________________ **CITY, STATE, ZIP:** _________________________

TELEPHONE: ____________________ **SOC SEC NO.:** ____________________________________

BANNER ID: ______________________ **EMAIL ADDRESS:** _________________________________

BIRTH DATE: _____________ **STATE DRIVER'S LICENSE NO.:** ___________________ **STATE:** ________

1. ***Have you ever used another name?*** **>>** ☐ YES OR ☐ NO
   If yes, list the names here or on an attachment ______________________________

   ____

2. ***In the last ten years, please provide the full address of the locations in which you have: lived, worked, and attended school. Attach additional sheet if needed.***

   ____

   ____

3. ***Have you ever been convicted of a misdemeanor, felony or pleaded no contest?*** **>>>>>>>>>>>>>** ☐ YES OR ☐ NO
   If yes, identify, here or on an attachment, all convictions by providing an explanation including date, city, state, and charge.

   ____

4. ***Have you ever been placed on court supervision?*** **>>** ☐ YES OR ☐ NO
   If yes, explain indicating dates, city, and charge

   ____

5. ***Have you ever been employed at SIUE or by another State of Illinois Agency or University?*** **>>>>** ☐ YES OR ☐ NO
   If yes, provide the following:

   Employer: ____________________________ ***Dates Employed:*** ____________________________

SIGNATURE: ____ **DATE:** ______________________

By my signature on this release of information, I acknowledge that Southern Illinois University Edwardsville did not inquire about any information regarding conviction/arrest records that have been sealed or expunged.

To be completed by the hiring unit:

Type of Position: ☐ Faculty ☐ Admin/Prof Staff ☐ Civil Service ☐ Grad Asst ☐ Student **Posting #:** __________

AIS Budget Purpose/Acct Title to be charged: ____

Hiring Unit/Contact Person/Campus Box/Ext/Email:____

Chancellor/VC: ☐ Chancellor ☐ Academic Affairs ☐ Admin ☐ Student Affairs ☐ University Relations

To be completed by HR: *Previous Investigation Completed:* ☐ N/A ☐ EXPIRED ☐ ELIGIBLE DATE: ________

HR Rep. Signature: ___________________________ *Approved for Offer:* ☐ YES or ☐ NO DATE: ________

6/14 (previous editions are obsolete)