

BACKGROUND CHECK APPLICATION AND RELEASE

Employee
 Student
 Volunteer

Write in the white areas only. If any of the following need further explanation or entry space, please use a separate sheet of paper.

	Last		First		Middle	
Name in full						
Other Names you have used:	Maiden		Aliases /Former Names		Nickname	
Date of Birth	Month		Day		Year	
Place of Birth	City		State		Sex	M or F
Social Security Number						
Driver's License Number	Current?	Yes or No	Driver's License #		Expiration Date	
	State					
What other states have you held a driver's license?						
Residences past 15 years	City		Dates	City		Dates
	1.			3.		
	2.			4.		
List any time you were arrested or charged with any violation including traffic, but excluding parking.	Date	Place	Dept	Charge	Result	
	1.					
	2.					
	3.					
	4.					
Name of department, club, or organization this background check is being completed for						

Are you aware of any information about yourself which may reflect unfavorably on your reputation, morals, character or ability as a representative of Idaho State University? _____ Yes _____ No If Yes, and you would like to explain, use a separate sheet of paper.

- I hereby authorize Idaho State University (ISU) to check my background, and I authorize the sources of such information to provide it to ISU. I hereby release such sources from any and all liability to any claim of damage I may have resulting therefrom.
- I hereby certify that the facts set forth are true and correct to the best of my knowledge. I understand that if I falsify statements, Idaho State University reserves the right to take appropriate action, including denial of participation in an event.
- This release is executed with full knowledge and understanding that the information is for the official use of Idaho State University. I hereby release Idaho State University, the State of Idaho, and the State Board of Education, including its officers, employees and agents, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security account number on a voluntary basis with the understanding such is not required by federal statute or regulation.
- Should there be any questions as to the validity of this release, you may contact me at the number below.

Signature/Date

Phone Number

Please fax the completed form to: 208-282-4976