

REQUEST, AUTHORIZATION, CONSENT, AND RELEASE FOR BACKGROUND INFORMATION

I have been informed and acknowledge that Athens State University requires criminal background checks for all new and current employees.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for the Athens State University Background Check Policy will be followed.

Applicant's Signature:		Date:		
Name (Please print):	 First	Middle	Other/Maiden	Last
Address:				
Date of Birth:				
Social Security Num	ber:			
Oriver's License Nu	mber:			
NITIAL IF API	PLICABLE:			
	een ABI/FBI fir te is attached.	ngerprinted; a copy of	f my clearance or a curr	rent Teaching